

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90063 006 \*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000060119

1. Corporation Name

DR. PLAYGROUND, INC.

Principal Place of Business

2851 POLK ST.  
HOLLYWOOD FL 33021

Mailing Address

2851 POLK ST.  
HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1997

4. FEI Number

65-0768355

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

□

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

□ Yes

□ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

FORD, P. CAMPBELL  
6 E. BAY ST.  
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

MIKE KROHN

82 Street Address (P.O. Box Number is Not Acceptable)

2851 POLK ST

83 City

HOLLYWOOD

85 Zip Code

FL 33020

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/5/99

12. OFFICERS AND DIRECTORS

□ DELETE

TITLE

NAME  
PD  
KROHN, GLENEDA  
STREET ADDRESS  
2851 POLK STREET  
CITY-ST-ZIP  
HOLLYWOOD FL 33021

TITLE

NAME  
VPD  
KROHN, MARLEE  
STREET ADDRESS  
504 SOUTH 2ND STREET  
CITY-ST-ZIP  
JACKSONVILLE BEACH FL 32250

TITLE

NAME  
DT  
KROHN, MIKE  
STREET ADDRESS  
2851 POLK ST.  
CITY-ST-ZIP  
HOLLYWOOD FL 33021

TITLE

NAME  
DS  
KROHN, TODD  
STREET ADDRESS  
504 SOUTH SECOND ST.  
CITY-ST-ZIP  
JACKSONVILLE BEACH FL 32250

TITLE

NAME  
JACKSONVILLE BEACH  
STREET ADDRESS  
FL 32250  
CITY-ST-ZIP

TITLE

NAME  
JACKSONVILLE BEACH  
STREET ADDRESS  
FL 32250  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

X Change

□ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Zip: 33020

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Zip: 33020

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

DS

KROHN, TODD

504 SOUTH SECOND ST

JACKSONVILLE BEACH, FL 32250

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mike Krohn, Treasurer

CR2E034 (11/98)