

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90071 019 ***150.00

DOCUMENT # P97000067080

1. Entity Name

POWER PLAY PROPERTIES, INC.

Principal Place of Business

5580-S.R. 524
 COCOA FL 32926

Mailing Address

5580-S.R. 524
 COCOA FL 32926

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

4800 SW. 195 Terr.

City & State

City & State

Fort Lauderdale, FL

Zip

Country

Zip

Country

33332 USA

4. FEI Number

65-0810954

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DUKE, DANIEL A
~~8530 NW 174 STREET~~
~~MIAMI FL 33015~~

new address ->

7. Name and Address of New Registered Agent

Name *Same - Daniel A. Duke*

Street Address (P.O. Box Number is Not Acceptable) *4800 SW. 195th Terrace*

City *Ft. Lauderdale FL* Zip Code *33332*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | DUKE, DANIEL A JR | |
| STREET ADDRESS | 8530 NW 174 STREET | |
| CITY-ST-ZIP | MIAMI FL 33015 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | DUKE, GERALD W | |
| STREET ADDRESS | 18420 NW 78 AVENUE | |
| CITY-ST-ZIP | MIAMI FL 33015 | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | MAIRE, JOHN L | |
| STREET ADDRESS | 13102 CORONADO LANE | |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL 33181 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | <i>4800 SW. 195 Terr</i> | |
| CITY-ST-ZIP | <i>Fort. Lauderdale, FL 33332</i> | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daniel Duke Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/00 305-687-5000

Date

Daytime Phone #

CR05034 10/00