Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90109 037 \*\*\*150.00

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

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT #**

1. Corporation Name

PLAY II	again sam antiques an	Mailing Address	,~~ . 							
4021 NW 73 AV		4021 NW 73 AVE								
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065						DO NOT WRITE	IN THIS S	PACE		
	• •					3. Date Incorporated or Qualifed		_		1
						10/29/1997				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		<del></del>	oplied For	-
21		26				65-0787926			lot Applicable	}
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required	
City & State	<u> </u>	City & State	City & State			6. Election Campaign Financing	<del></del>		May Be	ŀ
23	~	28	¬ ´			Trust Fund Contribution			to Fees	Ì
Zip	Country	Zip				8. This corporation owes the current	year Inta			
24	25	29	30			Personal Property Tax.		Yes	□No	-
,	9 Name and Address of Curren	nt Registered Agent		81	Name	10. Name and Address of New Reg	istered A	gent		┨
EΔRI	INO, JOHN		1	ا'°						1
4021 NW 73 AVE			8			ss (P.O. Box Number is Not Acceptable	<del>)</del> )			
CORAL SPRINGS FL 33065		,						_	1.4 VIII.	1
			L					Tall ex	0.4.	ļ
*	, • • · ·		ļ	84	City		FL	85   Zip	Code	ĺ
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	ithonzed	DV I	tne corporation	ration submits this statement for the pun's board of directors. I hereby accept to	rpose of o	hanging it tment as r	s registered egistered (	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered /	Agent	t signature required		DATE			-
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECT Change		1
TITLE	PTD	☐ DELETE	1.1 TIT					Ottarige	[] Addition	
NAME	FARINO, JOHN	•			ADDDECC					
STREET ADDRESS	4021 NW 73 AVE CORAL SPRINGS FL 33065		ı	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP						
CITY-ST-ZIP TITLE	VSD DELETE		_	2.1 TITLE				☐ Change	Addition	1
NAME	WEINSTOCK, DOROTHY			ME						
STREET ADDRESS	4021 NW 73 AVE		2.3 STF	RÉET	ADDRESS	~~				
CITY-ST-ZIP	CORAL SPRINGS FL 33065		2. 4 CF	TY-S	T-ZIP					}
TITLE	٠ ٥٠ ٠٠٠٠ د	DELETE	3.1,ππ	Œ			-شـ	Change	Addition	-
NAME	•		3.2 NA	ME						
STREET ADDRESS			3.3 STF	REET	ADDRESS					
CITY-ST-ZiP		[m] Net Ben	3.4. CI		T-ZIP			Change	Addition	┨¯
TITLE		☐ DELETE	4,1 717					Clange	Addition	
NAME	,		4. 2 NA		ADDDESS					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	4.4 CIT 5.1 TIT					☐ Change	Addition	1
NAME	•	<u> </u>	5.2 NA		1					
STREET ADDRESS			5.3 \$TI	REET	ADDRESS					
	i		1		1710					1
CITY-ST-ZIP			5.4 CIT	Y- \$1	- 211					4
TITLE		☐ DELETE	5.4 CIT		1-21		<del></del>	Change	Addition	1

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 13 if chapter 607 on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP