

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90113 005 ***150.00

DOCUMENT # P98000055240

1. Corporation Name
PLAY SPACE ACE, INC.

Principal Place of Business
1435 TIVERTON DR. OFFICE BOX 2563
BRANDON FL 33511

Mailing Address
1435 TIVERTON DR. OFFICE BOX 2563
BRANDON FL 33511

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/18/1998

4. FEI Number

59-3521314

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$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

21 ~~200~~ 270 Van Gogh Cir.

Suite, Apt. #, etc.

22

City & State

23 BRANDON, FL

Zip

24 33511

Country

25 Hills

2a. Mailing Address

26 Post Office Box 2563

Suite, Apt. #, etc.

27

City & State

28 Brandon, FL

Zip

29 33509

Country

30 Hills

9. Name and Address of Current Registered Agent

COLE, KIMBERLEY W CPA
7628 N 56TH STREET, STE 15
TAMPA FL 33617

10. Name and Address of New Registered Agent

81 Name

MARK DICKENS

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

7628 N. 56th St. - Suite 15

83

TAMPA, FL 33617

84 City

FL

85 Zip Code

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]

4-26-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME HENRY, LONA-MARIA
STREET ADDRESS 1435 TIVERTON DR. OFFICE BOX 2563
CITY-ST-ZIP BRANDON FL 33511

TITLE D ☐ DELETE

NAME HENRY, EUGENE P
STREET ADDRESS 1435 TIVERTON DR. OFFICE BOX 2563
CITY-ST-ZIP BRANDON FL 33511

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

CHIEF EXECUTIVE OFFICER

1.2 NAME

Henry, LONA-MARIA

1.3 STREET ADDRESS

270 Van Gogh Cir.

1.4 CITY-ST-ZIP

BRANDON, FL 33511

2.1 TITLE

PRESIDENT

2.2 NAME

Henry, Eugene P.

2.3 STREET ADDRESS

270 VAN Gogh Cir.

2.4 CITY-ST-ZIP

BRANDON, FL 33511

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

☒ Change

☐ Addition

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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]* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99

813-684-8104

Date

Daytime Phone #

CR2E034 (11/98)