

<h1>DOCUMENT # P98000096412</h1>			
1. Entity Name <div style="font-size: 1.2em; font-weight: bold; margin-top: 10px;">P.L.A.C.E., INC.</div>			
Principal Place of Business 217 NE 3 STREET POMPANO BEACH FL 33060		Mailing Address 217 NE 3 STREET POMPANO BEACH FL 33060-6627	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
<div style="font-weight: bold; margin-bottom: 5px;">GASS, DANIEL G</div> <div style="margin-bottom: 5px;">1001 NW 50 STREET STE 204</div> <div style="margin-bottom: 5px;">SUNRISE FL 33351</div>			Name
			Street Address (
			City
8. The above named entity submits this statement for the purpose of changing its registered office or register			
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small></div><div><small>(NOTE: Registered Agent signature required)</small></div></div>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<div style="font-weight: bold; margin-bottom: 5px;">FILE NOW!!! FEE IS \$150.00</div> <div style="margin-bottom: 5px;">After MAY 1, 2000 Fee will be \$550.00</div> <div style="margin-bottom: 5px;">Make Check Payable to Department of Sta</div>	
11. OFFICERS AND DIRECTORS			
TITLE	<div style="display: flex; justify-content: space-between;"><div>V</div><div><input type="checkbox"/> Delete</div></div> <div style="margin-top: 5px;">NAME</div> <div style="margin-top: 5px;">217 NE 3 STREET</div> <div style="margin-top: 5px;">CITY-ST-ZIP</div> <div style="margin-top: 5px;">POMPANO BEACH FL 33060</div>	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<div style="display: flex; justify-content: space-between;"><div>PD</div><div><input type="checkbox"/> Delete</div></div> <div style="margin-top: 5px;">NAME</div> <div style="margin-top: 5px;">25 SE 4TH TERR</div> <div style="margin-top: 5px;">CITY-ST-ZIP</div> <div style="margin-top: 5px;">POMPANO BCH FL 33060</div>	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<div style="display: flex; justify-content: space-between;"><div></div><div><input type="checkbox"/> Delete</div></div> <div style="margin-top: 5px;">NAME</div> <div style="margin-top: 5px;">STREET ADDRESS</div> <div style="margin-top: 5px;">CITY-ST-ZIP</div>	TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<div style="display: flex; justify-content: space-between;"><div></div><div><input type="checkbox"/> Delete</div></div> <div style="margin-top: 5px;">NAME</div> <div style="margin-top: 5px;">STREET ADDRESS</div> <div style="margin-top: 5px;">CITY-ST-ZIP</div>	TITLE	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in S indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60 changed, or on an attachment with an address, with all other like empowered.			
<div style="display: flex; align-items: center;"><div style="flex: 1;"><div style="font-weight: bold; font-size: 1.2em; margin-bottom: 5px;">SIGNATURE:</div><div style="font-family: cursive; font-size: 1.5em; margin-bottom: 5px;">Daniel G. Hardy</div><div style="font-size: 0.8em;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div></div><div style="flex: 1; border-left: 1px solid black; padding-left: 10px; margin-left: 10px;"></div></div>			

SIGNATURE: Tamela L. Hardy 4-10-00 785-6996

CR2E034 (9/99)