


FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 717014 (5) 1. Corporation Name LEISURE BEACH SOUTH, INC			
Principal Place of Business 2900 BANYAN ST. SUITE 301 FT. LAUDERDALE FL 33316 US		Mailing Address 2701 E SUNRISE BLVD. SUITE 301 FT LAUDERDALE FL 33304-3219	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CABOT MANAGMENT & MARKETING, INC. SUNRISE BAY BUILDING 2701 E. SUNRISE BLVD FT LAUDERDALE FL 33304		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.			
SIGNATURE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	P/T/D
NAME	ACCARDI, LEONARD	1.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2900 BANYAN ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAASE, DENNIS	2.2 NAME	
STREET ADDRESS	2900 BANYAN ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	2.4 CITY - ST - ZIP	
TITLE	VPD	3.1 TITLE	S/D
NAME	FANCHER, HENRY	3.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2900 BANYAN ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	3.4 CITY - ST - ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONSTANTINE, KAREN	4.2 NAME	
STREET ADDRESS	2900 BANYAN STREET #405	4.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE, FL 00000	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	VP/D
NAME	CARLOTTI, RAFFAELE	5.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2900 BANYAN ST.	5.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	D
NAME		6.2 NAME	CAMPBELL, KYLE
STREET ADDRESS		6.3 STREET ADDRESS	2900 BANYAN ST., #601
CITY - ST - ZIP		6.4 CITY - ST - ZIP	FT LAUDERDALE, FL 33316
14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <i>Henry W. Fancher</i> 4/24/97 954-561-8565 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0035544			



CR2E037 (9/96)