

FILED
 Sep 17 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 # 717234
 1. Corporation Name

900 LEISURE PARK ASSOC. INC.

Principal Place of Business Mailing Address
 900 NE 18 AVE SAME
 FT. LAUDERDALE FL 33304

3. Date Incorporated or Qualified 9/24/69
 3a. Date of Last Report 11/29/96
 4. FEI Number 59-1318150
 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 has liability for intangible tax under s. 199.032 Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 LEISURE PK. CONDO. 26 900 NE 18 AVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 RECREATION ROOM. 27 OFFICE
 City & State City & State
 23 FT. LAUDERDALE FL. 29 FT. LAUDERDALE FL.
 Zip Country Zip Country
 24 33304 25 BROWARD 29 33304 30 BROWARD

9. Name and Address of Current Registered Agent
 KIM BREICHNER
 225 NW 80TH TERRACE
 MARGATE FL 33063

10. Name and Address of New Registered Agent
 81 Name HERBERT LIEB TREASURER
 82 Street Address (P.O. Box Number is Not Acceptable) 900 NE 18 AVE APT 708
 83 FT LAUDERDALE
 84 City
 85 Zip Code FL 33304

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 *Herbert Lieb* HERBERT LIEB 8/19/97
Signature of or printed name of registered agent and title (Applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS.	
TITLE	AGNES GELINEAU <input checked="" type="checkbox"/> DELETE
NAME	900 N/E 18 TH AVE 1205
STREET ADDRESS	FT. LAUD FL. 33304
CITY-ST-ZIP	
TITLE	TONY LOPEZ <input checked="" type="checkbox"/> DELETE
NAME	900 N/E 18 TH AVE 1003
STREET ADDRESS	FT. LAUD. FL. 33304
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS.	
11 TITLE	D SUE COPPEL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	900 N/E 18 TH AVE 206
13 STREET ADDRESS	FT. LAUD. FL. 33304 DIRECTOR
14 CITY-ST-ZIP	
21 TITLE	D BETTY LEONE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	900 N/E 18 TH AVE 407
23 STREET ADDRESS	FT. LAUD FL. 33304 DIRECTOR
24 CITY-ST-ZIP	
31 TITLE	D MICHAEL BELL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	900 N/E 18 TH AVE 1402
33 STREET ADDRESS	FT. LAUD. FL. 33304 DIRECTOR
34 CITY-ST-ZIP	
41 TITLE	P MICHAEL CURASI <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	900 N/E 18 TH AVE 1208
43 STREET ADDRESS	FT. LAUD. FL. 33304 PRESIDENT
44 CITY-ST-ZIP	
51 TITLE	GEORGE MALOUF <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	900 N/E 18 TH AVE 1401
53 STREET ADDRESS	FT. LAUD. FL. 33304 SECRETARY
54 CITY-ST-ZIP	
61 TITLE	HERBERT LIEB <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	900 N/E 18 TH AVE 708
63 STREET ADDRESS	FT. LAUD. FL. 33304 TREASURER.
64 CITY-ST-ZIP	

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. 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: *Michael Curasi* MICHAEL CURASI PRESIDENT 8/19/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dairline Phone # 0006117