FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 21 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000057291 (5)**

1. Corporation Name
OMNI LEISURE MANAGEMENT, INC.

Principal Place of Business	Mailing Address
18167 US 19 N SUITE 150 CLEARWATER FL 34624-6588	18167 US 19 N SUITE 150 CLEARWATER FL 34624-6588

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/12/1993**
3a. Date of Last Report: **03/22/1994**

2. Principal Place of Business	2a. Mailing Address
21 17757 U.S. Hwy 19 N.,	26 17757 U.S. Hwy 19N,
Suite, Apt. #, etc. 22 # 500	Suite, Apt. #, etc. 27 # 500
City & State 23 Clearwater, Florida	City & State 28 Clearwater, Florida
Zip 24 34624 Country 25 U.S.A	Zip 29 34624 Country 30 U.S.A.

4. FEI Number: **59-3208964** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MASON & ASSOCIATES, P.A. 18167 US 19 N SUITE 150 CLEARWATER FL 34624-6588	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	GREEN, ALEXANDRA	12 NAME	GREEN, ALEXANDRA	
STREET ADDRESS	809 E OAK ST SUITE 103	13 STREET ADDRESS	1485 Sophie Loop	
CITY-ST-ZIP	KISSIMMEE FL 34774	14 CITY-ST-ZIP	Kissimmee, FL 34744	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	IREDALE, G D	22 NAME	IREDALE, GD	
STREET ADDRESS	WHERRY HOTEL BRIDGE RD OULTON BROAD LOWESTOFT	23 STREET ADDRESS	3501 West Vine St #104-9	
CITY-ST-ZIP	SUFFOLK ENGLAND	24 CITY-ST-ZIP	Kissimmee, FL 34741	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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.

SIGNATURE: Alexandra Green 4-11-95 (407) 932-4415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CP