FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000087325 (5)**

1. Corporation Name

INTERNATIONAL LEISURE MARKETING, INC.

Principal Place of Business	Mailing Address
8377 SEMINOLE BOULEVARD SEMINOLE FL 34642	8377 SEMINOLE BOULEVARD SEMINOLE FL 34642

3. Date Incorporated or Qualified: 12/21/1993
3a. Date of Last Report: 02/13/1995

2. Principal Place of Business
21 209 3rd Avenue
Suite, Apt. #, etc.
22
City & State
23 Indian Rocks Beach FL
Zip
24 34635
Country
25 US

2a. Mailing Address
26 209 3rd Avenue
Suite, Apt. #, etc.
27
City & State
28 Indian Rocks Beach FL
Zip
29 34635
Country
30 US

4. FEI Number: 59-3201239 ☐ 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

LEWARNE, RHODEVA
8377 SEMINOLE BLVD
SEMINOLE FL 34642

10. Name and Address of New Registered Agent

81 Name: LEWARNE, RHODEVA
82 Street Address (P.O. Box Number is Not Acceptable): 209 3rd Avenue
83
84 City: Indian Rocks Beach FL 85 Zip Code: 34635

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 date required. NOTE: Registered Agent's signature required unless restricted.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	LEWARNE, MARY L		1.2 NAME	LEWARNE, MARY L	
STREET ADDRESS	8377 SEMINOLE BLVD		1.3 STREET ADDRESS	209 3rd Ave	
CITY-ST-ZIP	SEMINOLE FL		1.4 CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 34635	
TITLE	S	☐ DELETE	2.1 TITLE	S	☒ Change ☐ Addition
NAME	LEWARNE, RHODEVA		2.2 NAME	LEWARNE, RHODEVA	
STREET ADDRESS	8377 SEMINOLE BLVD		2.3 STREET ADDRESS	209 3rd Ave.	
CITY-ST-ZIP	SEMINOLE FL		2.4 CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 34635	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 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.

SIGNATURE: (S) RHODEVA LEWARNE Rhodeva LeWarne 4/25/96 813-593-7561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #