

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 27 PM 3: 23

DOCUMENT # 216794 (8)

1. Corporation Name
LAND AND LEISURE, INC.

Principal Place of Business Mailing Address
2600 S.BAYSHORE DR.#800A MIAMI FL 33133 **2600 S.BAYSHORE DR.#800A MIAMI FL 33133**

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified 10/31/1958 | 3a. Date of Last Report 05/01/1994 |
| 4. FEI Number 59-0860995 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | | 26 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| 22 | | 27 | |
| City & State | | City & State | |
| 23 | | 28 | |
| Zip | Country | Zip | Country |
| 24 | 25 | 29 | 30 |

| | | | | | | | |
|--|--|--|--|--|---|----|----------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| BAILEY, HUNT, JONES, & BUSTO, P.A. 501 BRICKELL KEY DR STE 300 COURVOISIER CENTRE MIAMI FL 33131-9808 | | | | 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 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 607.0509, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and the Florida State Department of State. (NOTE: Registered Agent signature is required when registering.)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|---|
| TITLE | S | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MALCOLM, VI K | 12 NAME | |
| STREET ADDRESS | 2600 S BAYSHORE DR #800A | 13 STREET ADDRESS | |
| CITY- ST- ZIP | MIAMI FL | 14 CITY- ST- ZIP | |
| TITLE | DVP | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BAILEY, JOHN R | 22 NAME | |
| STREET ADDRESS | 2600 S BAYSHORE DR #800A | 23 STREET ADDRESS | |
| CITY- ST- ZIP | MIAMI FL | 24 CITY- ST- ZIP | |
| TITLE | D | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BAILEY, PATRICIA E. | 32 NAME | |
| STREET ADDRESS | 2600 S BAYSHORE DR #800A | 33 STREET ADDRESS | |
| CITY- ST- ZIP | MIAMI FL | 34 CITY- ST- ZIP | |
| TITLE | ASD | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BABCOCK, MARY | 42 NAME | |
| STREET ADDRESS | 2600 S BAYSHORE DR #800A | 43 STREET ADDRESS | |
| CITY- ST- ZIP | MIAMI FL | 44 CITY- ST- ZIP | |
| TITLE | D | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BABCOCK, E. VOSE, III | 52 NAME | |
| STREET ADDRESS | 2600 S BAYSHORE DR #800A | 53 STREET ADDRESS | |
| CITY- ST- ZIP | MIAMI FL | 54 CITY- ST- ZIP | |
| TITLE | PTD | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BAILEY, GUY B | 62 NAME | |
| STREET ADDRESS | 2600 S BAYSHORE DR #800A | 63 STREET ADDRESS | |
| CITY- ST- ZIP | MIAMI FL | 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(2)(b), 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 1907, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  , John R. Bailey **2/8/95** (305) 856-3930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR