


4-17-98 8-5006 -C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 216794 (8) 1. Corporation Name LAND AND LEISURE, INC.		

Principal Place of Business 9700 SO. DIXIE HWY., #570 MIAMI FL 33156	Mailing Address 9700 SO. DIXIE HWY., #570 MIAMI FL 33156
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 10/31/1958	
				4. FEI Number 59-0860995	
				5. Certificate of Status Desired <input checked="" 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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	S	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MALCOLM, VI K			1.2 NAME	BAILEY, PATRICIA E.		
STREET ADDRESS	9700 SO. DIXIE HWY., #570			1.3 STREET ADDRESS	9700 So. Dixie Hwy. #570		
CITY-ST-ZIP	MIAMI FL 33156			1.4 CITY-ST-ZIP	MIAMI, FL 33156		
TITLE	DVP	<input type="checkbox"/> DELETE		2.1 TITLE	A S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BAILEY, JOHN R			2.2 NAME	COLONNA, DAVID W.		
STREET ADDRESS	9700 SO. DIXIE HWY., #570			2.3 STREET ADDRESS	9700 So. Dixie Hwy. #570		
CITY-ST-ZIP	MIAMI FL 33156			2.4 CITY-ST-ZIP	MIAMI, FL 33156		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAILEY, PATRICIA E.			3.2 NAME			
STREET ADDRESS	9700 SO. DIXIE HWY., #570			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33156			3.4 CITY-ST-ZIP			
TITLE	ASD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BABCOCK, MARY			4.2 NAME			
STREET ADDRESS	9700 SO. DIXIE HWY., #570			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33156			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BABCOCK, E. VOSE, III			5.2 NAME			
STREET ADDRESS	9700 SO. DIXIE HWY., #570			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33156			5.4 CITY-ST-ZIP			
TITLE	PTD	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAILEY, GUY B			6.2 NAME			
STREET ADDRESS	9700 SO. DIXIE HWY., #570			6.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33156			6.4 CITY-ST-ZIP			

14. I 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 607, 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, V.P. 1/5/98 (305) 670-0303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0220630

CR2E034 (10/97)