

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 283779 (7)
1. Corporation Name
LEISURE COLONY MANAGEMENT CORP.



Principal Place of Business 760 NW 107TH AVENUE 4TH FLOOR MIAMI FL 33172	Mailing Address 760 NW 107TH AVENUE 4TH FLOOR MIAMI FL 33172
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/30/1964	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1091627		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WATSKY, MORRIS J., ESQ. 700 NW 107TH AVENUE 4TH FLOOR MIAMI FL 33172		10. Name and Address of New Registered Agent 81 Name Rubin, Shelly - VP Finance 82 Street Address (P.O. Box Number is Not Acceptable) 760 NW 107 AVE 83 84 City Miami FL 85 Zip Code 33172	
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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 *Shelly Rubin* DATE 3/30/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, LEONARD	1.2 NAME	
STREET ADDRESS	700 N.W. 107TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOLOTIN, IRVING	2.2 NAME	Krasnoff, Jeffrey P.
STREET ADDRESS	700 NW 107TH AVENUE	2.3 STREET ADDRESS	760 NW 107 AVE
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI FL 33172
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEKOR, ALLAN J.	3.2 NAME	Rubin, Shelly
STREET ADDRESS	700 NW 107TH AVENUE	3.3 STREET ADDRESS	760 NW 107 AVE
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI FL 33172
TITLE	AS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANTAELLA, GRACE	4.2 NAME	JORDAN, MARGARET
STREET ADDRESS	700 N.W. 107TH AVENUE	4.3 STREET ADDRESS	760 NW 107 AVE
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI FL 33172
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	CD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLE, ROBERT B.	5.2 NAME	SAIONTZ, STEVEN J
STREET ADDRESS	700 NW 107TH AVENUE	5.3 STREET ADDRESS	760 NW 107 AVE
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI FL 33172
TITLE	AS <input checked="" type="checkbox"/> DELETE	6.1 TITLE	AS <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIERRA, E. KATHLEEN	6.2 NAME	McMickle, J.T.
STREET ADDRESS	700 NW 107TH AVENUE	6.3 STREET ADDRESS	760 NW 107 AVE
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	MIAMI FL 33172

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: *J.T. McMickle* 3/25/98 (305) 485-2000

CR2E034 (10/97)