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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 378295

(0)

LEISURE HILLS, INC.

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Principal Place of Business

Mailing Address

FILED Feb 23 1998 8:00am Secretary of State



6909 BEACH BLVD. LEISURE BEACH HUDSON FL 34667		6909 BEACH BLVD. LEISURE BEACH HUDSON FL 34667		DO NOT WRITE IN THIS	SPACE			
					3. Date Incorporated or Qualified 03/08/1971			
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number	A	pplied For	
21	·	26			59-1359650		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired	
City & State		City & State						
-		28			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
23 Zip	Country	Zip	Countr	······································	8. This corporation owes or has paid the cur			
24	25	├ `	30	•	_ · · · · · · · · · · · · · · · · - · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · ·		I No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
PAXTON, JAMES N.				Name				
6909 BEACH BLVD			82	Stroot	Address (P.O. Box Number is Not Acceptable)			
HUDSON FL 34667			02	Siree	Address (F.O. Dox redifficer is not Acceptable)			
			83					
			84	City		85 Zip	Code	
				<u> </u>	FL.			
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the abov	e-named	d corporation submits this statement for the purpose of	changing i	ts 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 agen			ent signetur	e required when reinstating) DATE	DIDECTOR	30 151 40	
12.	OFFICERS AND	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition	
TITLE NAME	KAISER,RAY	otten	1.2 NAME			Ottacine		
1	71-36 110TH ST.			T ADDRESS				
STREET ADORESS	FOREST HILLS NY		1.4 CITY - 5					
CITY-ST-ZIP TITLE	SD	X DELETE	2.1 TITLE	31-21r	S	Change	Addition	
NAME	PIPER, VIRGINIA W.		2.2 NAME		1 🐸			
STREET ADDRESS	6909 BCH BLVD, LEISURE BC			T ADDRESS	SMITH, JENNIFER M. 6909 BEACH BLVD, LEISURE BE	ACH		
CITY-ST-ZIP	HUDSON FL		2. 4 CITY-		HUDSON. FL 34667			
TITLE	PO	☐ DELETE	3.1 TITLE	· · ·	7,000,000	Change	Addition	
NAME	PAXTON, JAMES N.		3.2 NAME					
STREET ADDRESS	6909 BEACH BLVD		3.3 STREET	T ADDRESS	İ			
CITY-ST-ZIP	HUDSON FL		3.4. CITY-	ST-ZIP				
TITLE		☐ DELE TE	4.1 TITLE			Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY - 5	ST - ZIP				
TITLE		DELET E	5.1 TITLE			Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS			ļ	
CITY - ST - ZIP			5.4 CITY - 9	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 - S	ST-ZIP				

14. Thereby 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.