

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 25 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 715161 (6)
 1. Corporation Name
LEISURE TOWERS ASSOCIATION, INC.



Principal Place of Business 1500 S. OCEAN BLVD. POMPANO BEACH FL 33062	Mailing Address 1500 S. OCEAN BLVD. POMPANO BEACH FL 33062
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/23/1968		3a. Date of Last Report 04/17/1996	
4. FEI Number 59-1298030	Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>	Additional Fee Required \$8.75		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	May Be Added to Fees \$5.00		
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

RANNO, ROSE
 1500 S OCEAN BLVD
 POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name
RANNO, ROSE

82 Street Address (P.O. Box Number is Not Acceptable)
1500 SO. OCEAN BLVD.

83 City
POMPANO BEACH, FLA.

84 City
FL

85 Zip Code
33062

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE ROSE RANNO
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	WALDHOLZ	
STREET ADDRESS	1500 S OCEAN BLVD	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KLIPPEL, MARIE	
STREET ADDRESS	1500 S OCEAN BLVD	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KELLY, INES COLLIA	
STREET ADDRESS	1500 S OCEAN BLVD	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DAVIS, PETER	
STREET ADDRESS	1500 S OCEAN BLVD	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHUMAKER, JANE	
STREET ADDRESS	1500 S OCEAN BLVD	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HERRICK, J.	
STREET ADDRESS	1500 S OCEAN BLVD	
CITY-ST-ZIP	POMPANO BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KLIPPEL, MARIE	
1.3 STREET ADDRESS	1500 SO. OCEAN BLVD.	
1.4 CITY-ST-ZIP	POMPANO BEACH, FLA. 33062	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SHUMAKER, JANE	
3.3 STREET ADDRESS	1500 SO. OCEAN BLVD.	
3.4 CITY-ST-ZIP	POMPANO BEACH, FLA. 33062	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BERNADETTE PALMER	
4.3 STREET ADDRESS	1500 SO. OCEAN BLVD.	
4.4 CITY-ST-ZIP	POMPANO BEACH, FLA. 33062	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GABLER, WALLACE	
5.3 STREET ADDRESS	1500 SO. OCEAN BLVD.	
5.4 CITY-ST-ZIP	POMPANO BEACH, FLA. 33062	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PEZZELLO, SONNY	
6.3 STREET ADDRESS	1500 SO. OCEAN BLVD.	
6.4 CITY-ST-ZIP	POMPANO BEACH, FLA. 33062	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DR. CLAUDE BRETON
 Blvd. Pompano Beach, Fla. 33062

CR2E037 (4/97)