

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR -3 PM 4:45

**DOCUMENT # 841997 (0)**

1. Corporation Name  
**LEISURE RESORTS, INC.**

Principal Place of Business Mailing Address  
**% CHASE ENTERPRISES  
ATTN: JOSEPH KORZENIK  
HARTFORD CT 06103  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/07/1978** ✓ 3a. Date of Last Report **04/21/1984**  
4. FEI Number **06-0992312** ✓ Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**ST. LOUIS, ROALND R JR  
FRIEDMAN, RODRIGUEZ & FERRARO, P.A.  
-200 S. BISCAYNE BLVD/5150 F.U.F.C-  
MIAMI FL 33131**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **201 S. Biscayne Blvd., 2300 Miami Center**  
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 607.0509, Florida Statutes.

SIGNATURE *Cheryl Chase Freedman* **Cheryl Chase Freedman, Jr.** **3-29-95**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>S</b>
NAME	<b>KORZENIK, JOSEPH</b>
STREET ADDRESS	<b>ONE COMMERCIAL PLAZA</b>
CITY- ST- ZIP	<b>HARTFORD CT</b>
TITLE	<b>D</b>
NAME	<b>CHASE, DAVID T.</b>
STREET ADDRESS	<b>ONE COMMERCIAL PLAZA</b>
CITY- ST- ZIP	<b>HARTFORD CT</b>
TITLE	<b>PT</b>
NAME	<b>REMIREZ, RICHARD J. F.</b>
STREET ADDRESS	<b>ONE CORPORATE PLAZA</b>
CITY- ST- ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>EVD</b>
NAME	<b>FREEDMAN, CHERYL CHASE</b>
STREET ADDRESS	<b>ONE COMMERCIAL PLAZA</b>
CITY- ST- ZIP	<b>HARTFORD CT</b>
TITLE	<b>EVD</b>
NAME	<b>CHASE, ARNOLD L.</b>
STREET ADDRESS	<b>ONE COMMERCIAL PLAZA</b>
CITY- ST- ZIP	<b>HARTFORD CT</b>
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2	NAME
3	STREET ADDRESS
4	CITY- ST- ZIP
5	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6	NAME
7	STREET ADDRESS
8	CITY- ST- ZIP
9	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
10	NAME
11	STREET ADDRESS
12	CITY- ST- ZIP
13	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
14	NAME
15	STREET ADDRESS
16	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 110.07(3)(k), 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 engaged, or on an attachment with an address.

SIGNATURE: *Cheryl Chase Freedman* **Cheryl Chase Freedman** **3/27/95** **(203) 549-1674**  
Signature and typed or printed name of signing officer or director. Date (If filed by proxy)