

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **841997** (0)
 1. Corporation Name
LEISURE RESORTS, INC.



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

3. Date this report due or Quarterly: **12/07/1978**
 3a. Date of Last Report: **04/03/1995**
 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: 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
 2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
**ST. LOUIS, ROALND R JR
 RIEDMAN, RODRIGUEZ & FERRARO, P.A.
 201 S. BISCAYNE BLVD., 2300 MIAMI CENTER
 MIAMI FL 33131**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.06(2) and 607.1506, 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 will be made effective upon the approval of the Board of Directors. The change is not the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.06(2), Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	KORZENIK, JOSEPH	
STREET ADDRESS	ONE COMMERCIAL PLAZA	
CITY-STATE-ZIP	HARTFORD CT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHASE, DAVID T.	
STREET ADDRESS	ONE COMMERCIAL PLAZA	
CITY-STATE-ZIP	HARTFORD CT	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	REMIREZ, RICHARD J. F.	
STREET ADDRESS	ONE CORPORATE PLAZA	
CITY-STATE-ZIP	FT. LAUDERDALE FL	
TITLE	EVD	<input type="checkbox"/> DELETE
NAME	FREEDMAN, CHERYL CHASE	
STREET ADDRESS	ONE COMMERCIAL PLAZA	
CITY-STATE-ZIP	HARTFORD CT	
TITLE	EVD	<input type="checkbox"/> DELETE
NAME	CHASE, ARNOLD L.	
STREET ADDRESS	ONE COMMERCIAL PLAZA	
CITY-STATE-ZIP	HARTFORD CT	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

14. I do hereby certify that the information supplied in this filing is true and correct, and that I do not qualify for the exemption stated in Section 119.07(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 officer or director reported to exist, this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changes to, or an addition, listed with a full name.

SIGNATURE: *Cheryl Chase Freedman*

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Cheryl Chase Freedman
 Exec. Vice President
 3/20/96 (860) 549-1674

CR2E034 (12/95)