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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # 850982

LEISURE DYNAMICS, INC.

Principal Place of Business Mailing Address												
2600 CITADEL PLAZA DRIVE				2600 CITADEL PLAZA DRIVE								
SUITE 300			SUITE 300			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed						
HOUSTON TX 77008				HOUSTON TX 77008								
j								•	11/10/1981			
			120	Mailing Address					FEI Number	T An	plied For	
2. Principal Place of Business				2a. Mailing Address				T	. =		t Applicable	
21				26 Suite Ant # sta				+	74-1829046			
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required				
[22]				27				+-			·	
City & State				City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
23			28	7:	Cour	tn.		+-	Trust Fund Contribution		o rees	
Zip	1	Country	<u> </u>	Zip	→	цy		8.	This corporation owes the current year I		□No	
24	25		29	30	0			<u>ا ر</u>	Personal Property Tax. Name and Address of New Registered			
9. Name and Address of Current Registered Agent							Name		. Name and Address of New Registere	1 Agent		
CT COPPORATION CYCTEM						81	Name					
	CT CORPORATION SYSTEM					82 Street Add			P.O. Box Number is Not Acceptable)			
1200 S. PINE ISLAND ROAD PLANTATION FL 33324												
						83						
					ŀ	84	City			. 85 Zip (Code	
						•	City		F			
11. Pursuant	t to the provisions	of Sections 607.050	2 and 6	07.1508, Florida Statutes	, the ab	ove	-named corp	poratio	n submits this statement for the purpose	of changing its	registered	
office or	registered agent	or both in the State.	of Flori	da. Such change was auth , Section 607.0505, Florid	horized	by t	the corporati	ion's b	oard of directors. I hereby accept the app	ointment as reg	gisterea	
agent. 1	am familiar with, a	nd accept the obliga	uons o	, Section dor, 0505, Florid	ia Otatu	ica.						
SIGNATURE	Slandum hand or pri	sted name of registered ager	alti boe t	if applicable (NOTE: Re	egistered A	hoent	t signature require	ed when	reinstating) DATE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regist 12. OFFICERS AND DIRECTORS						-			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
TITLE	PD			1.1 TITLE				☐ Change	Addition			
NAME	ALEXANDER.	STANFORD			1.2 NA	νE						
ļ	,	L PLAZA DRIVE					ADDRESS					
STREET ADDRESS					1							
CITY-ST-ZIP	HOUSTON, T	<u> </u>		DELETE	1.4 CIT 2.1 TITL		- 2117			Change	Addition	
TITLE	D	ANIDOCIAL PA		□ percie								
NAME	ALEXANDER,				2.2 NA	-						
STREET ADDRESS		l plaza drive			2.3 STF	REET	ADDRESS					
CITY-ST-ZIP	HOUSTON, T	X 00000			2, 4 CIT	_	T-ZIP					
TITLE	T			DELETE	3.1 TITL	E				☐ Change	Addition	
NAME	DUFOUR, M.	CANDANCE			3.2 NA	νE						

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 expellemental 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 ampowered 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 by an attachment with an actirest, with all other like empowered.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4,4 CITY-ST-ZIP

3.4, CITY-ST-ZIP

41 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE.

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

2600 CITADEL PLAZA DR

HOUSTON, TX 00000

DEBROVNER, MARTIN

HOUSTON, TX 00000

RICHTER, STEPHEN

2600 CITADEL PL DR

HOUSTON TX

2600 CITADEL PLAZA DR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 90 Date

1138666000

☐ Change

Change

Change

☐ Addition

☐ Addition

Addition

Daytime Phone #

2E034 (11/98)