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PROFIT CORPORATION ANNUAL REPORT
96 - 1997

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

FILED
97 JUN 19 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F26429 (3)

1. Corporation Name
BYRON LEISURE CORP.

W97-11405

Principal Place of Business	Mailing Address
ATTN: PATTI HARDIN, CPA 470 ROYAL PALM SQ. BLVD. FT MYERS FL 33919	ATTN: PATTI HARDIN, CPA 1470 ROYAL PALM SQ. BLVD. FT MYERS FL 33919-1049

3. Date Incorporated or Qualified: 03/23/1981
3a. Date of Last Report: 01/16/1997
4. FEI Number: 59-2129778 — 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
Suite, Apt. #, etc.
City & State
Zip / Country

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip / Country

9. Name and Address of Current Registered Agent
HARDIN, PATTI R
1470 ROYAL PALM SQUARE BLVD.
FT. MYERS FL 33919

10. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 607.0505, Florida Statutes.

SIGNATURE Patti R. Hardin 5/21/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	☐ DELETE
NAME	FAIRBAIRN, KENNETH S	
STREET ADDRESS	128 LADY BYRON LANE	
CITY-ST-ZIP	SOLIHUL,UNITED KINGDOM	
TITLE	STVD	☐ DELETE
NAME	FAIRBAIRN, RITA M	
STREET ADDRESS	128 LADY BYRON LANE	
CITY-ST-ZIP	SOLIHUL,UNITED KINGDOM	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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REINSTATEMENT 9/5-97

6-19-97

CR2E034 (9/96)

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

SIGNATURE: K S Fairbairn — 26th Apr 97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Tel.

K S Fairbairn — 12th June 97