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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

00005304

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90060 008 ***150.00

DOCUMENT # F92000000057

1. Corporation Name
AMERICAN LEISURE MANAGEMENT CORP.

Principal Place of Business
2 NEW HEMPSTEAD RD.
SUITE 214
NEW CITY NY 10956

Mailing Address
2 NEW HEMPSTEAD RD.
SUITE 214
NEW CITY NY 10956

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 Zip Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 Zip Country
30

9. Name and Address of Current Registered Agent

KAPLAN, PHIL
1304 SW 180TH AVE.
SUITE 397
FT. LAUDERDALE FL 33326

81 Name Gladys Nereel
82 Street Address (P.O. Box Number Is Not Acceptable) 72-90 Kunkel Drive #107
83
84 City Delray Beach FL 85 Zip Code 33446

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 *Wendy Basalavage*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEO	<input type="checkbox"/> DELETE	1.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KASS, STEVEN		1.2 NAME Wendy Basalavage	
STREET ADDRESS	7 NOB HILL RD.		1.3 STREET ADDRESS 8 Tempo Road	
CITY-ST-ZIP	NEW CITY NY 10956		1.4 CITY-ST-ZIP New City NY 10956	
TITLE	President	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Wendy Basalavage</i>		2.2 NAME	
STREET ADDRESS	8 Tempo Road		2.3 STREET ADDRESS	
CITY-ST-ZIP	New City NY 10954		2.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE: *Wendy Basalavage*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/97

Date

Daytime Phone #

CR2E034 (11/98)