

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F92000001034 (9)
1. Corporation Name

P & S FLORIDA LEISURE CORPORATION



Principal Place of Business
31550 NORTHWESTERN HIGHWAY, SUITE 200
FARMINGTON HILLS MI 48334

Mailing Address
31550 NORTHWESTERN HIGHWAY, SUITE 200
FARMINGTON HILLS MI 48334

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/31/1992		3a. Date of Last Report 02/16/1995	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FFI Number 38-2739541		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ROSEN, MARVIN 222 LAKEVIEW AVENUE, SUITE 800 WEST PALM BEACH FL 33401		81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code FL 85	

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 _____ DATE _____
Signature of person or persons authorized to sign this statement. (Name of Registered Agent must be printed when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD PARTRICH, SPENCER M 31550 NORTHWESTERN HWY., SUITE 200 FARMINGTON HILLS MI 48334	1. TITLE	
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY - ST - ZIP		4. CITY - ST - ZIP	
TITLE	VSD SHAPIRO, MICKEY 31550 NORTHWESTERN HWY., SUITE 200 FARMINGTON HILLS MI 48334	5. TITLE	
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY - ST - ZIP		8. CITY - ST - ZIP	
TITLE		9. TITLE	
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY - ST - ZIP		12. CITY - ST - ZIP	
TITLE		13. TITLE	
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY - ST - ZIP		16. CITY - ST - ZIP	
TITLE		17. TITLE	
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY - ST - ZIP		20. 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 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 810-DSI-2700
Date Daytime Phone #

CR2E034 (12/95)