FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Feb 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F92000001034 (9)**

1. Corporation Name
P & S FLORIDA LEISURE CORPORATION

Principal Place of Business	Mailing Address
31550 NORTHWESTERN HIGHWAY, SUITE 200 FARMINGTON HILLS MI 48334	31550 NORTHWESTERN HIGHWAY, SUITE 200 FARMINGTON HILLS MI 48334-2532

3. Date Incorporated or Qualified: 12/31/1992
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 38-2739541 ☐ 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

9. Name and Address of Current Registered Agent

ROSEN, MARVIN
222 LAKEVIEW AVENUE, SUITE 800
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name: HOMISCO INCORPORATION, INC.
82 Street Address (P.O. Box Number is Not Acceptable): 222 LAKEVIEW AVE.
83: SUITE 800
84 City: WEST PALM BEACH FL 85 Zip Code: 33401

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: HOMISCO INCORPORATION, INC. By: Marvin S. Rosen Marvin S. Rosen, President 2/12/97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PARTRICH, SPENCER M		1.2 NAME	
STREET ADDRESS	31550 NORTHWESTERN HWY., SUITE 200		1.3 STREET ADDRESS	
CITY-ST-ZIP	FARMINGTON HILLS MI 48334		1.4 CITY-ST-ZIP	
TITLE	VSD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SHAPIRO, MICKEY		2.2 NAME	
STREET ADDRESS	31550 NORTHWESTERN HWY., SUITE 200		2.3 STREET ADDRESS	
CITY-ST-ZIP	FARMINGTON HILLS MI 48334		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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: SPENCER M. PARTRICH PRESIDENT 2/1/97 810-851-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #