

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

31550 NORTHWESTERN HIGHWAY, SUITE 200
FARMINGTON HILLS MI 48334

Mailing Address

31550 NORTHWESTERN HIGHWAY, SUITE 200
FARMINGTON HILLS MI 48334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1992

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

HOMISCO INCORPORATION INC.
222 LAKEVIEW AVE.
SUITE 800
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name CORPORATION SERVICE COMPANY
82 Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET
83 SUITE 105
84 City TALLAHASSEE FL 85 Zip Code 32301

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 BY:

BY:

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

(NOTE: Registered Agent Signature required when reinstating)

Karen B. Rozar, As Its Agent

2-9-98

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE
NAME PARTRICH, SPENCER M
STREET ADDRESS 31550 NORTHWESTERN HWY., SUITE 200
CITY-ST-ZIP FARMINGTON HILLS MI 48334

TITLE VSD ☐ DELETE
NAME SHAPIRO, MICKEY
STREET ADDRESS 31550 NORTHWESTERN HWY., SUITE 200
CITY-ST-ZIP FARMINGTON HILLS MI 48334

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

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.

SIGNATURE:

SPENCER M. PARTRICH 2/4/98 202-801-2000

FILED

98 FEB 10 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (10/97)