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AND  
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97 OCT 22 PM 2:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000000463 (8)

1. Corporation Name

LEISURE MARINE, INC.

Principal Place of Business Mailing Address

757 S.E. 17th Street Same  
Ste. 445

Fort Lauderdale, FL 33316

2. Principal Place of Business

2a. Mailing Address

Same

21 Same

Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

City & State

City & State

23 City & State

28

Zip Country

Zip Country

24 Zip Country 25 Country 29 Zip Country 30

3. Date Incorporated or Qualified 3a. Date of Last Report

01/27/95

10/15/96

4. FEI Number

65-0549394

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

MAASS, ROBB R.

321 Royal Poinciana Plaza

Palm Beach, FL 33480

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

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 PCD ☐ DELETE  
NAME ISHBIA, EARL D.  
STREET ADDRESS 18615 Sherwood Avenue  
CITY - ST - ZIP Detroit, MI

11 TITLE ☐ Change ☐ Addition  
12 NAME 500002329665  
13 STREET ADDRESS -10/27/97--01008--021  
14 CITY - ST - ZIP \*\*\*\*\*165.00 \*\*\*\*\*165.00

TITLE AS ☐ DELETE  
NAME MAASS, ROBB R.  
STREET ADDRESS 225 Monterey Road  
CITY - ST - ZIP Palm Beach, FL

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

TITLE ST ☐ DELETE  
NAME ISHBIA, JASON D.  
STREET ADDRESS 18615 Sherwood Avenue  
CITY - ST - ZIP Detroit, MI

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME 500002329665  
43 STREET ADDRESS -10/27/97--01008--022  
44 CITY - ST - ZIP \*\*\*\*\*365.00 \*\*\*\*\*365.00

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #