
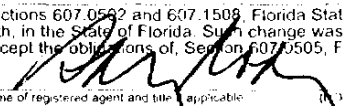



**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

0306452

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F95000002263</b> 1. Corporation Name <b>LEISURE FACILITIES, INC., VI</b>					
Principal Place of Business <b>SUITE 350                  2650 NORTH MILITARY TRAIL                  BOCA RATON FL 33431</b>			Mailing Address <b>SUITE 350                  2650 NORTH MILITARY TRAIL                  BOCA RATON FL 33431</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified <b>05/09/1995</b> 4. FEI Number <b>65-0501458</b>	
9. Name and Address of Current Registered Agent <b>NATIONAL CORPORATE RESEARCH, LTD.                  1406 HAYS ST., STE. 2                  TALLAHASSEE FL 32301</b>		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code		Applied For Not Applicable <b>\$8.75</b> Additional Fee Required <b>\$5.00</b> May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 10. Name and Address of New Registered Agent 150.	
11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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: <b>4/28/99</b>					
12. OFFICERS AND DIRECTORS TITLE: <b>DP</b> [ ] DELETE NAME: <b>LUCIANI, JOHN</b> STREET ADDRESS: <b>SUITE 350, 2650 N MILITARY TR.</b> CITY-ST-ZIP: <b>BOCA RATON FL 33431</b> TITLE: <b>DVS</b> [ ] DELETE NAME: <b>RODIN, BERNARD M</b> STREET ADDRESS: <b>SUITE 350, 2650 N MILITARY TR.</b> CITY-ST-ZIP: <b>BOCA RATON FL 33431</b>			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE [ ] Change [ ] Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE [ ] Change [ ] Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE [ ] Change [ ] Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE [ ] Change [ ] Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE [ ] Change [ ] Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

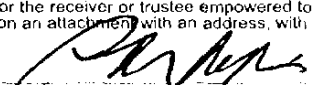


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 4-30-99

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:  DATE: **4/28/99** 2019477322

CR2E034 (11/98)