## 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 # F96000

F96000005972 (2)

LEISURE TIME, INC.

## FILED May 19 1998 8:00am Secretary of State



Mailing Address Principal Place of Business 1000 WICKS LN 1860 WICKS LN MARIETTA GA-20062 Marietta ga 30062 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For REPULSE BAY RUAD #3 26 SAMS 58-2268705 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 4 PT. 9-13 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be HONG 23 Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible 25 HONG (CON 61 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 FLORIDA YACHT CHARTERS & SALES, INC. 1290 5TH ST 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI BCH FL 33139 83 84 City 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 pointed name of registered agent and lifte if applicable (NOTL Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE **RUSSELL, CHARLES R** NAME 1.2 NAME 1860 WICKS LN RELUCSE BAY TWAD, #7,4979-13 STREET ADDRESS 1.3 STREET ADDRESS MARIETTA GA 30062 CITY-ST-ZIP 14 CHY-\$1-ZIP Change DELETE Addition DCVS 2.1 THLE TITLE RUSSELL, ELAINE S NAME 2.2 NAME 1860 WICKS, LIN STREET ADDRESS 2.3 STREET ADDRESS MARIETTA GA 30082 CITY-ST-ZIP 2 4 CITY - ST- ZIP DELETE Change Addition TITLE 3.17(TLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 41 THUE Change Addition 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C(1) Y - ST - Z(P DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 61 THEF NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. Thereby 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 offect as if made under oath; that I am an officer or director of the corporation or the receiver or furstice 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 attachmost with an address.