

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 8:34

DOCUMENT # H04069 (1)

1. Corporation Name
FLORIDA LEISURE TIME CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**4800 N. FEDERAL HWY.
STE. 203B
BOCA RATON FL 33431
US**

Mailing Address
**4800 N. FEDERAL HWY.
STE. 203B
BOCA RATON FL 33431
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country

3. Date Incorporated or Qualified **05/14/1984** 3a. Date of Last Report **04/07/1994**

4. FEI Number **59-2490745** 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. 199.002, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**ABREU, MONICA L.
4800 N. FEDERAL HWY.
STE. 203B
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent
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 _____ DATE _____
Signatures, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-electing)

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	ROBINS, GERALD
STREET ADDRESS	4800 N. FEDERAL HWY.
CITY - ST - ZIP	BOCA RATON FL
TITLE	AS
NAME	SISLER, RON K
STREET ADDRESS	4800 N. FEDERAL HWY.
CITY - ST - ZIP	BOCA RATON FL
TITLE	DS
NAME	ABEL, MARTIN J.
STREET ADDRESS	4800 N. FEDERAL HWY.
CITY - ST - ZIP	BOCA RATON FL
TITLE	V
NAME	ABREU, MONICA
STREET ADDRESS	4800 N. FEDERAL HWY.
CITY - ST - ZIP	BOCA RATON FL
TITLE	D
NAME	MAYER, STEPHEN F
STREET ADDRESS	4800 N. FEDERAL HWY.
CITY - ST - ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	Treasurer/Asst. Sec. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	Melvin B. Seiden
2 3 STREET ADDRESS	4800 N. Federal Hwy.
2 4 CITY - ST - ZIP	Boca Raton, FL
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	Lee Neibart
5 3 STREET ADDRESS	4800 N. Federal Hwy.
5 4 CITY - ST - ZIP	Boca Raton, FL
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement to an 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 registered agent thereof, or I am duly 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 in an attached schedule, with an address.

SIGNATURE _____ **Monica L. Abreu** **3/30/95** **(407) 750-0449**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day/Mo/Yr)