

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H04069 (1)

1. Corporation Name

FLORIDA LEISURE TIME CORPORATION



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

3. Date Incorporated or Qualified

05/14/1984

3a. Date of Last Report

04/19/1995

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. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ABREU, MONICA L.
4800 N FEDERAL HWY.
STE. 203B
BOCA RATON FL 33431

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 of person or persons authorized to sign this report

(If Other Registered Agent Signature required, attach here)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
DP	ROBINS, GERALD	4800 N. FEDERAL HWY.	BOCA RATON FL	<input type="checkbox"/>
TAS	SEIDEN, MELVIN B	4800 N. FEDERAL HWY.	BOCA RATON FL	<input type="checkbox"/>
DS	ABEL, MARTIN J.	4800 N FEDERAL HWY.	BOCA RATON FL	<input type="checkbox"/>
V	ABREU, MONICA	4800 N. FEDERAL HWY.	BOCA RATON FL	<input type="checkbox"/>
D	NEIBERT, LEE	4800 N. FEDERAL HWY.	BOCA RATON FL	<input type="checkbox"/>
				<input type="checkbox"/>

13.

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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-03/02/96--01077--001
***1600.00

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 person 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 attached page with an address.

SIGNATURE:

Monica L. Abreu

2/1/96

(407) 750-0449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)