**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # H27091

TOTAL LEISURE SERVICES, INC.

	OONE GENTIOCO, INO.							
Principal Place	of Business	Mailing Address				d identity Brid tratt todat entite telet statt		
6600 RIVER CLUB BLVD. 6600 RIVER CLUB BLVD.								
BRADENTON FL 34202 BRADENTON FL 34202						DO NOT WRITE IN THE	C CDACE	
!						DO NOT WRITE IN THI  3. Date Incorporated or Qualifed	S SPACE	
						10/25/1984		
! 	- A Duni-	2n Mailing Address				10/23/ 1904 4, FEI Number		Applied For
2. Principal Plac	ce of Business	2a. Mailing Address				59-2462273	Not Applicable	
21	ata .	Suite, Apt. #, etc.	26 Suite Apt # etc			35 2402213	\$8.7	5 Additional
			•			5. Certifcate of Status Desired		Required
City & State		City & State				6. Election Campaign Financing		00 May Be
		28				Trust Fund Contribution		ed to Fees
23 i	Country	Zip	Co	untry	<u>.</u>	8. This corporation owes the current year h		
24	25	29	30	,		Personal Property Tax.	Yes	□No
24]	9. Name and Address of Curren		1001.	Ţ	<del></del> ,	10. Name and Address of New Registerer	Agent	
				81	Name			
TIPTO	n, david J.				-	(D.O. Day Mumbay to Not Assessful 12)		
:1301 €	STH AVE. W.			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
BRADE	ENTON FL 34205			83				
ľ								
				84	City	F	85 2	Zip Code
agent. I am	familiar with, and accept the obligation	tions of, Section 607.0505, F	lorida Sta	tutes	·	tion's board of directors. I hereby accept the app		<del></del>
12.		D DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTORS IN 12
TITLE !	P	☐ DELETE	1.1	TILE			Char	ige
NAME :	PASCUZZI, MICHAEL F.		1.2 NA					
	6905 PINE VALLEY ST.		1.3	TREET	TADDRESS			
	BRADENTON FL		1.4	CITY-ST	T-ZIP			
	VST	☐ DELETE	2.1	MLE			Chai	nge
NAME :	PASCUZZI, JOYCE T.		2.2	MAME				
	6905 PINE VALLEY ST.		2.3	STREET	TADDRESS			
	BRADENTON FL		2.4	CITY-S	ST-ZIP.	- <u> </u>		
TITLE		☐ DELETE		ITLE			[] Char	ige Addition
NAME	•		3.21	AME	į			
STREET ADDRESS			3.3	TREET	TADDRESS			
CITY-ST-ZIP			3.4.	CITY-S	ST-ZIP			
TITLE		☐ DELETE		ITLE			[] Char	nge 📋 Addition
NAME			4, 2	NAME				
STREET ADDRESS			4.3	STREET	TADDRESS			
CITY-ST-ZIP								
TITLE !		☐ DELETÉ	4.4	CITY-S			Chai	nge 🗌 Addition
TITLE NAME		☐ DELETÉ	4.4 5.1	CITY-S			Chai	nge
NAME .		☐ DELETE	5.1 5.2	CITY-S TITLE NAME		·	Chai	nge
NAME STREET AODRESS		☐ DELETE	5.1 5.2 5.3	CITY-S TITLE NAME	T-ZIP		☐ Chai	nge 🗍 Addition
NAME STREET ADDRESS CITY-ST-ZIP	·	☐ DELETE	5.1 5.2 5.3 5.4	CITY-S TITLE NAME STREET	T-ZIP		☐ Char	•
NAME STREET ADDRESS CITY-ST-ZIP TITLE	·		4.4 5.1 5.2 5.3 5.4 6.1	CITY-S' INTLE NAME STREET CITY-S'	T-ZIP	·		•
NAME STREET ADDRESS I CITY-ST-ZIP			4.4 5.1 5.2 5.3 5.4 6.1 6.2	CITY-S' TITLE VAME STREET CITY-S' TITLE VAME	T-ZIP	·		•

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90063 023 \*\*\*150.00