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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #	H74601
	1117001

1. Corporation Name

Principal Place of Business

LEISURE & RECREATION, INC.

FORT MYERS FL 3390	I	2147 FIRST STREET FORT MYERS FL 33901		DO NOT WRITE IN THI	S SPACE	
2. Principal Place of	Pusinase] 2a. Mailing Address			3. Date incorporated or Qualified 09/06/1985	, ,
21	busiliess	26. Mailing Address			59-2599229	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired []	\$8.75 Additional
City & State		City & State			6. Election Compaign Financing	Fee Required \$5.00 May Be
23 Ζφ 24	Country [25]	28 	Countr	,	Trust Fund Contribution This corporation owes the corrent year In Personal Property Tax	Added to Fees : i angible : [Yes
	ame and Address of Current		30		10. Name and Address of New Registered	
MICHAEL	י זורב		81	Name		
MICHAEL C. TICE 2147 FIRST STREET FORT MYERS FL 33901			82		ress (P.O. Box Number is Not Acceptable)	
10111 #112	NO 1 E 0000 1		83			
1			84	City	FI	85 Zip Code
office or registere agent I am familia SIGNATURE	d agent, or both, in the State of ar with, and accept the obligation types or prefer tame of registered agents	Florida Such change was auns of, Section 607.0505, Flor and the flag inable PATE	ithorized by ida Statute: Řejistrad Air	the corporate	ionation submits this statement for the purpose o en's board of directors. Thereby accept the appo	into-ent as registerud
12.	OFFICERS AND	DIRECTORS [DELETE	13.	1	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 : [! Change : [] Addition ;
	MICHAEL C.	() DELETE	1 2 NASIS			[rollange [] Addition [
	FIRST STREET			LADURESS		
	MYERS FL 33901		14 CITY 5	1.20		
TITLE VPD		[] Déléte	2 * 111(.6			[] Change
	NIN, THOMAS R.		2.2 NAME			
	Fowler Street Myers Fl			LADORESS		
TITLE D	MILIOIL	[DELETE	2 4 G/TY-:	51-2iř'		[Change [Addition
NAME ATKI	NS, NEWELL		3.2 NAME		200002901 -06/17/99-	
	HENDRY STREET		33 STR (1	LADOR: 5%	-06/17/99	·U]U/4~~UUS) ****150.00
orania araba an ari	IYERS FL 33901	()	3.4 OITY-1	(1 Ziv)	####15U.UL	į.
TITLE		[DELETE	4 1 TITLE			[] Change [] Addition
NAME STREET ADDRESS			4 2 NAME	LADDRESS		
CITY-ST-ZIP			4 3 5 PACE	1		
TITLE		[] DELETE	5 1 TIFLE			[Change [Addition
NAME			5.2 NAME			
STREET ADDRESS				LADORESS		
CITY-ST-ZIP		[DELETE	54 CITY-S 61 THLE	1 - Ziê		
TITLE NAME		[DELETE	6 2 NAME			[Change [Addition
STREET ADORESS				LACORESS		4/3/2
OTTLET PROTESS			1			**************************************

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 effect as if made under oath; that I am an officer or director of the corporation or the receiver of trust as empowered to execute this report as required by Chapter 607. Florida Statutes, and that ny name appears in Block 13 if changed, or of an all planent with an address, with all other like empowered. SIGNATURE: