

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H88211 (8)			
1. Corporation Name UNITED LEISURE MARKETING, INC.			
Principal Place of Business 3033 MERCY DR ORLANDO FL 32808 US		Mailing Address 3033 MERCY DR ORLANDO FL 32808-3113 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt #, etc.		26 Suite, Apt #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
9. Name and Address of Current Registered Agent EDGAR CANDICE B 3033 MERCY DR ORLANDO FL 32808		10. Name and Address of New Registered Agent	
81 Name Paul W. Moses II		82 Street Address (P.O. Box Number is Not Acceptable) Maguire, Voorhis + Wells, P.A.	
83		84 City Two South Orange Plaza Orlando FL	
85 Zip Code 32802			
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 <i>[Signature]</i> ESQ DATE 4/23/97			
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE P		1.1 TITLE P/D	
1.2 NAME DOEBLER, DAVID R.		1.2 NAME	
1.3 STREET ADDRESS 3033 MERCY DR ORLANDO FL		1.3 STREET ADDRESS Orlando, FL. 32808	
1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP	
2.1 TITLE DC		2.1 TITLE	
2.2 NAME DOEBLER, DONALD W.		2.2 NAME	
2.3 STREET ADDRESS 3033 MERCY DR ORLANDO FL		2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	
3.1 TITLE TSV		3.1 TITLE	
3.2 NAME EDGAR, CANDICE B.		3.2 NAME	
3.3 STREET ADDRESS 3033 MERCY DR ORLANDO FL		3.3 STREET ADDRESS Orlando, FL. 32808	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE V		4.1 TITLE	
4.2 NAME ECELBERGER, CRAIG V.		4.2 NAME	
4.3 STREET ADDRESS 3033 MERCY DR ORLANDO FL		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE V		5.1 TITLE	
5.2 NAME DENSON, BRIAN H		5.2 NAME	
5.3 STREET ADDRESS 3033 MERCY DR. ORLANDO FL		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE V		6.1 TITLE	
6.2 NAME CZECH, DONALD R		6.2 NAME	
6.3 STREET ADDRESS 3033 MERCY DR. ORLANDO FL		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	
14. I do 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.			
SIGNATURE: <i>[Signature]</i> Candice B. Edgar 4-16-97 (407) 297-0141			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)