## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # J55807 (8) Corporation Name NORTHERN LEISURE PROPERTIES, INC. Principal Place of Business Mailing Address 11821 N. DALE MABRY **☆** G. ROBBAT **TAMPA FL 33619** P.O. BOX 11958 FT. LAUDERDALE FL 33339 3. Date Incorporated or Qualified 3a. Date of Last Report 02/02/1987 04/14/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0001644 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 $\Box$ 28 Trust Fund Contribution Added to Fees Ζip Zio Country 8. This corporation has liability for intangible tax under s 199.032. 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROBBAT, G. 82 Street Address (P.O. Box Number is Not Acceptable) 2800 NE 33 AVE. FT. LAUDERDALE FL 33339 83 **B4** City 85 Zip Code 11. Pursuant to the p oy ovisions of \$400 ins 607.0502 and 607.1508, Florida Statutes, the above flamed corporation submits this statement for the purpose, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appoint accept the upper the object the submits of Section 607.0505, Florida Statute. of changing its registered office or registered ager familiar with, and tered agent. I am SIGNATURA Signature typed or printed name of registered agent and little if applicable en reinstating 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGE NO DIRECTORS IN 12 TITLE DELETE 1. 1 TITLE ☐ Change ■ Addition ROBBAT, GEORGE NAME 1.2 NAME CR2E034 2200 NE 33 AVE. STREET ADDRESS 1.3 STREET ADDRESS FORT LAUDERDALE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELFTE 2.1 TiTLE Change Addition KOZIARA, RICHARD NAME 2.2 NAME P.O. BOX 11958 N/A STREET ADDRESS 2 3 STREET ADDRESS FT. LAUDERDALE FL 33339 CITY-ST-ZIP 2 4 CITY - \$1 - ZIP TITLE DELETE 3 1 TITLE Change Addition KOZIARA, MARY NAME 3.2 NAME 2481 NE 33 CT. STREET ADDRESS 3.3. STREET ADDRESS FT. LAUDERDALE FL 33303 CITY-ST-ZIP 3 4 CITY - \$1 - 7/P TITLE DELETE 4.13:TLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 100001838871 CITY-ST-ZIP 4.4 CITY - \$1 - ZIP <del>-05/24/96--01070--02</del>5 TITLE DELETE 5 1 TITLE Change ■ Addition \*\*\*250.80 NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CiTY-ST-ZiP TITLE ☐ DELETE 6.1 TITLE Change Addition NAME 6.2 NAME TREET ADDRESS 6.3 STREET ADORESS 6.4 CITY - \$1 - ZIP I do hereby certify that the information supplied 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 poor 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name octify that the information indicated on this annual poor, or supplemental annual report is true and accurate and that my signath, that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as require appears in Block 12 or Block 13 if planned, or pri an attachment with an address.

**GNATURE:** 

(12/95)