


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

FILED  
May 13 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # L03237 (9)</b>		
1. Corporation Name <b>LEISURE SERVICES, INC.</b>		



Principal Place of Business <b>3110 BELMAR ST. FORT LAUDERDALE FL 33304</b>	Mailing Address <b>3110 BELMAR ST. FORT LAUDERDALE FL 33304-4103</b>
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2. Principal Place of Business 21 <b>401 N. Atlantic Blvd</b> Suite, Apt. #, etc. 22 <b>Suite 218</b> City & State 23 <b>Fort Lauderdale, FL</b> Zip 24 <b>33304</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>401 N. Atlantic Blvd</b> Suite, Apt. #, etc. 27 <b>Suite 218</b> City & State 28 <b>Fort Lauderdale, FL</b> Zip 29 <b>33304</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>07/20/1989</b>	3a. Date of Last Report <b>04/22/1996</b>	4. FEI Number <b>65-0134759</b> Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>RUMMELHOFF, MONICA 3110 BELMAR ST FORT LAUDERDALE FL 33304</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code			
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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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WEIHAGEN, SAM</b>			1.2 NAME			
STREET ADDRESS	<b>3110 BELMAR ST</b>			1.3 STREET ADDRESS	<b>401 N. Atlantic Blvd</b>		
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>			1.4 CITY - ST - ZIP	<b>Ft. Lauderdale, FL 33304</b>		
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>RUMMELHOFF, MONICA</b>			2.2 NAME	<b>Simon March</b>		
STREET ADDRESS	<b>3110 BELMAR ST</b>			2.3 STREET ADDRESS	<b>401 N. Atlantic Blvd</b>		
CITY - ST - ZIP	<b>FT LAUDERDALE FL</b>			2.4 CITY - ST - ZIP	<b>Ft. Lauderdale, FL 33304</b>		
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE		3.1 TITLE	<b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LANNLEY, PETER</b>			3.2 NAME	<b>IANGLEY, PETER (Correct spelling)</b>		
STREET ADDRESS	<b>3110 BELMAR STREET</b>			3.3 STREET ADDRESS	<b>401 N. Atlantic Blvd</b>		
CITY - ST - ZIP	<b>FT LAUDERDALE FL</b>			3.4 CITY - ST - ZIP	<b>Ft. Lauderdale, FL 33304</b>		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
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, checked, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **April 24/97 (954) 566 8099** Daytime Phone #

CR2E034 (9/96)