

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90159 033 ***158.75

DOCUMENT # L03237

1. Corporation Name
LEISURE SERVICES, INC.

Principal Place of Business
3110 BELMAR STREET
SUITE 218
FORT LAUDERDALE FL 33304
US

Mailing Address
3110 BELMAR STREET
SUITE 218
FORT LAUDERDALE FL 33304
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/20/1989

4. FEI Number

65-0134759

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUMMELHOFF, MONICA
3110 BELMAR ST
FORT LAUDERDALE FL 33304

81 Name

Ivan A. Gomez, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

601 Brickell Key Drive

83

Suite 507

84 City

Miami

FL

85 Zip Code

33131

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 IVAN A. Gomez, P.A. By: Ivan Gomez, Pres. 3/24/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when removing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
WEIHAGEN, SAM
STREET ADDRESS
401 N. ATLANTIC BLVD
CITY-ST-ZIP
FT. LAUDERDALE FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME
MARCH, SIMON
STREET ADDRESS
401 N. ATLANTIC BLVD
CITY-ST-ZIP
FT. LAUDERDALE FL

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME
Mattias Lindquist
2.3 STREET ADDRESS
401 N. Atlantic Boulevard
2.4 CITY-ST-ZIP
Ft. Lauderdale, FL 33304

TITLE ☒ DELETE

NAME
LANGLEY, PETER
STREET ADDRESS
401 N. ATLANTIC BLVD
CITY-ST-ZIP
FT. LAUDERDALE FL

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME
Klas Elmroth
3.3 STREET ADDRESS
401 N. Atlantic Boulevard
3.4 CITY-ST-ZIP
Fort Lauderdale, Fl 33304

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 by the 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0281765

CR2E034 (11/98)

SIGN