FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L97832 (4)

1. Corporation Name
UNITED LEISURE MANUFACTURING, INC.

Principal Place of Business	Mailing Address
6333 N. ORANGE BLOSSOM TRAIL SUITE 201 ORLANDO FL 32810	6333 N. ORANGE BLOSSOM TRAIL SUITE 201 ORLANDO FL 32810

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/29/1990
3a. Date of Last Report: 02/15/1994

2. Principal Place of Business	2a. Mailing Address
21 3033 Mercy Dr.	26 3033 Mercy Dr.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Orlando, FL	28 Orlando, FL
24 Zip 32808 / 25 Country Orange	29 Zip 32808 / 30 Country Orange

4. FEI Number: 59-2953508 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

EDGAR, CANDICE B.
6333 N ORANGE BLOSSOM TR.
SUITE 201
ORLANDO FL 32810-1271

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 3033 Mercy Dr.
83
84 City Orlando FL 85 Zip Code 32808

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☒ Change ☐ Addition
NAME	DOEBLER, DONALD W.	12 NAME		
STREET ADDRESS	6333 N.ORANGE BLOSSOM TR	13 STREET ADDRESS	3033 Mercy Dr.	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	Orlando, FL 32808	
TITLE	VST	21 TITLE		☒ Change ☐ Addition
NAME	EDGAR, CANDICE B.	22 NAME		
STREET ADDRESS	6333 N.ORANGE BLOSSOM TR	23 STREET ADDRESS	3033 Mercy Dr.	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	Orlando, FL 32808	
TITLE	V	31 TITLE		☒ Change ☐ Addition
NAME	HARDER, GARY R	32 NAME		
STREET ADDRESS	6333 N ORANGE BLOSSOM TRAIL #201	33 STREET ADDRESS	3033 Mercy Dr.	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	Orlando, FL 32808	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. 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 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: VP 4-25-95 (407)297-0141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Candice B Edgar, Vice President

0098173 CP