FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **M15675** (5)

1. Corporation Name

FIRST LEISURE CORP.

Principal Place of Business
2791 POINCIANA BLVD
KISSIMMEE FL 34746-5258
US

Mailing Address
2791 POINCIANA BLVD
KISSIMMEE FL 34746-5258
US

3. Date Incorporated or Qualified: 05/21/1985
3a. Date of Last Report: 03/16/1995

2. Principal Place of Business	2a. Mailing Address
21 2791 N. Poinciana Blvd.	26 2791 N. Poinciana Blvd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Kissimmee, FL	City & State 28 Kissimmee, FL
Zip 24 34746 — Country 25 US	Zip 29 34746 — Country 30 US

4. FEI Number: 59-2546490 ☐ 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

MEYERS, STEVEN M.
ONE BISCAYNE TOWER SUITE 3550
TWO S. BISCAYNE BLVD.
MIAMI FL 33131

10. Name and Address of New Registered Agent

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

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

TITLE	SD	☐ DELETE
NAME	MEYERS, HILLEL	
STREET ADDRESS	4875 PINETREE DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	PD	☐ DELETE
NAME	KAPLUS, ROBERT	
STREET ADDRESS	3235 TOMAHAWK DR.	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	VD	☐ DELETE
NAME	MEYERS, NEIL	
STREET ADDRESS	2791 N. POINCIANA BLVD	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	COB	☐ Change ☒ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Treasurer	☐ Change ☒ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Assistant Secretary	☐ Change ☒ Addition
4.2 NAME	Cynthia A. Sinclair	
4.3 STREET ADDRESS	7757 Indian Ridge Trail N.	
4.4 CITY-ST-ZIP	Kissimmee, FL 34747	
5.1 TITLE	Vice President	☐ Change ☒ Addition
5.2 NAME	Jennifer Meyers	
5.3 STREET ADDRESS	4875 Pine Tree Drive	
5.4 CITY-ST-ZIP	Miami Beach, FL 33140	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(x), 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: ______ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 4/18/96 — Daytime Phone #

CR2E034 (12/95)