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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90208 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # M15675

1. Corporation Name
FIRST LEISURE CORP.

Principal Place of Business

2791 POINCIANA BLVD
KISSIMMEE FL 34746
US

Mailing Address

2791 POINCIANA BLVD
KISSIMMEE FL 34746
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1985

4. FEI Number

59-2546490

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

MEYERS, STEVEN M. P
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 SDCB
NAME MEYERS, HILLEL
STREET ADDRESS 4875 PINETREE DRIVE
CITY-ST-ZIP MIAMI BEACH FL

TITLE PD
NAME KAPLUS, ROBERT
STREET ADDRESS 3235 TOMAHAWK DR.
CITY-ST-ZIP KISSIMMEE FL

TITLE TVD
NAME MEYERS, NEIL
STREET ADDRESS 2791 N. POINCIANA BLVD
CITY-ST-ZIP KISSIMMEE FL

TITLE AS
NAME SINCLAIR, CYNTHIA A
STREET ADDRESS 7757 INDIAN RIDGE TRAIL N
CITY-ST-ZIP KISSIMMEE FL

TITLE VP
NAME MEYERS, JENNIFER
STREET ADDRESS 4875 PINE TREE DR
CITY-ST-ZIP MIAMI BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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; 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0503063