SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M1946

(3)

DELETE

DELETE

LEISURE ENTERPRISES INTERNATIONAL, INC.

Mailing Address Principal Place of Business C/O EDWARD G. MCCABE C/O EDWARD G. MCCABE 10805 S.W. 72ND STREET 10805 S.W. 72ND STREET DO NOT WRITE IN THIS SPACE MIAMI FL 33173-2703 MIAMI FL 33173-2703 3. Date Incorporated or Qualified 08/15/1985 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 59-2591965 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes [] No Zio Personal Property Tax due June 30. 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name COVERT, TERRY L 1176 SW 132ND PL Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33186** 83 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 d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DSP Change Addition 1.1701.0 TITLE DELETE COVERT, TERRY 1.2 NAME NAME 11716 SW 132 PL 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL I.4 CITY-S1-ZIP CITY-ST-ZIP Change [] Addition 2.1 THLE TITLE DELETE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP 3.1 IIII F Change Addition TITLE DLLETE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIE CITY-ST-ZIP 4.1 TITLE Change Addition DELETE TITLE 4 2 NAME NAME STREET ADDRESS 4 3 STREET ADDRESS CHY-ST-ZIP 4.4 C(1Y-ST-Z)P

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

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 porporation or the receiver or frustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CiTY-ST-ZIP

SIGNATURE: WMHOR MONTH

TITLE

NAMI

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIF

CITY-ST-ZIP

968/98 305-279

Oct 01 1998 8:00am

Secretary of State

CR2E034 (5/98)

Addition

Change Addition