

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **M87989** (3)
1. Corporation Name
NATIONWIDE LEISURE, INC.



Principal Place of Business	Mailing Address
6970 TAFT ST. HOLLYWOOD FL 33024	6970 TAFT ST. HOLLYWOOD FL 33024

3. Date Incorporated or Qualified 07/01/1988		3a. Date of Last Report 04/20/1995	
4. FEI Number 65-0067051		Applied For	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

SNOW, ROBERT
6970 TAFT ST.
HOLLYWOOD FL 33024

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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: Flagged Agent signature required when translating.

DATE _____

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SNOW, ROBERT	
STREET ADDRESS	6970 TAFT ST.	
CITY - ST - ZIP	HOLLYWOOD FL	

1 1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY- ST- ZIP		

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

2 1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY- ST- ZIP		

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STAFF ADDRESS	
3.4 CITY - ST - ZIP	

DATA FIELD	DATA TYPE	LENGTH	POSITION	REMARKS
TITLE	TEXT	100	1-100	
NAME	TEXT	100	101-200	
STREET ADDRESS	TEXT	100	201-300	
CITY-STATE-ZIP	TEXT	100	301-400	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

CITY - STATE	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

☐ 1 TITLE ☐ Change ☐ Addition
☐ 2 NAME
☐ 3 STREET ADDRESS
☐ 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)(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:

SIGNATURE AND TYPE PLAIN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D.

Daytime Profile #

CR2E034 (12/95)