

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P21856** (0)
1. Corporation Name
FLORIDA LEISURE ACQUISITION CORPORATION



Principal Place of Business P.O. BOX 370 SILVER SPRINGS FL 34489-0370	Mailing Address P.O. BOX 370 SILVER SPRINGS FL 34489-0370
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2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 11/22/1988		3a. Date of Last Report 04/23/1996	
22		27		4. FEI Number 59-2923395		Applied For Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent SIMS, BILL 5656 E. SILVER SPRINGS BLVD. SILVER SPRINGS FL 34488				10. Name and Address of New Registered Agent 81 Name: Bob Everett 82 Street Address (P.O. Box Number is Not Acceptable) 5656 E. Silver Springs Blvd. 83 84 City: Silver Springs FL 85 Zip Code: 34488			
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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 _____
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMS, BILL	1.2 NAME	Bob Everett
STREET ADDRESS	5656 E. SILVER SPRINGS BLVD	1.3 STREET ADDRESS	5656 E. Silver Springs Blvd.
CITY-ST-ZIP	SILVER SPRINGS FL	1.4 CITY-ST-ZIP	Silver Springs, FL 34488
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITE, WARNER	2.2 NAME	
STREET ADDRESS	250 VESEY ST., NORTH TOWER 29TH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10281	2.4 CITY-ST-ZIP	
TITLE	E <input type="checkbox"/> DELETE	3.1 TITLE	Director, President and Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVERETT, BOB	3.2 NAME	Everett, Bob
STREET ADDRESS	250 VESEY ST., NORTH TOWER 29TH FL	3.3 STREET ADDRESS	5656 E. Silver Springs Blvd.
CITY-ST-ZIP	NEW YORK NY 10017	3.4 CITY-ST-ZIP	Silver Springs, FL 34488
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, NEVA	4.2 NAME	
STREET ADDRESS	5656 E. SILVER SPRINGS BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

CR2E034 (9/96)