SECOND AMOUNT DUE	NOTICE: CORPORATION WILL B ON OR BEFORE 8/7/96: \$225 (IF DIS	E DISSOLVED ON OR AFTER :	AUGUS E TO REI	T7,	1996. ATE: \$375	i.)				
F COR ANNU	PROFIT PORATION IAL REPORT 1996	FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS								
DOCUN 1. Corporation	MENT # P3561	3 (9)								
	EISURE USA, INC.	` ,					(J el chair (ar ehr) dela dinacendos min	Blati Blair Eldi	F 8 1 8	
Principal Piace	of Business	Mailing Address								
FIVE CONCOU ATLANTA GA	IRSE PARKWAY. SUITE 2400 30328	FIVE CONCOURSE PARKY ATLANTA GA 30328	VAY. SU	ITE 2	400					
		Att: Leslie	Jon	es			3. Date Incorporated or Qualified 09/23/1991	1	of Last Report //1995	
2. Principal Pla	ace of Business	2a. Mailing Address					4. FEI Number 58-1953497		Applied For	
Suite, Apt #	¥, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Not Applicable 8.75 Additional Fee Required	
City & State		City & State					Election Campaign Financing Trust Fund Contribution		\$5.00 May Be	
Zιρ	Country	Zip	Cou	intry		,	This corporation has liability for in	langible tax	Added to Fees under s. 199 032.	
4	25 9. Name and Address of Curre		30	1			Florida Statutes		10	
THE	PRENTICE-HALL CORPORATION			81	Name		10. Name and Address of New Reg	istelen våe	nt	
	1 HAYS STREET	UN SISIEM, INC.		82	Street #	Addres	s (P.O. Box Number is Not Acceptable	2)		
	TE 105			83						
. IAL	LAHASSEE FL 32301									
				84	City			FLI	5 Zip Code	
 Pursuant to office or reagent. Lar 	o the provisions of Sections 607.050 gistered agent or both, in the State n familiar with land accept the oblig	02 and 607.1508, Florida Statute of Florida: Such change was al ations of, Section 607.0505, Flor	s, the at ithorized ida Stal	d by t utes	named c he corpc	corpora pration'	tion submits this statement for the pur s board of directors. I hereby accept t	pose of chai he appointm	riging its registered ient as registered	
SIGNATURE	Signature: Typed or professeance of registered ago	est and title if appropriature (MOTE	Floristore	d Atlen	of Signature	reduce 1 v	vhén zeri stating	CPA'E		
12.	OFFICERS AN	ID DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICE		RECTORS IN 12	(P)
TITLE	PD	DELETE:	1 1 TI			S	•• • -	kk	Change Adultion	(3/96)
NAME STREET ADDRESS	LEVITT, III A 5401 KIRKMAN RD, STE 200	1		AME TREET.	ADORESS		eslie O. Jones Concourse Pkwy,	#2400		88
CITY-ST-ZIP	ORLANDO FL			ITY - SI			rlando, FL	#2400	١	CR2E03
TITLE	VD	DELETE	2 1 1	ITLE		A			Change XX Addition	5
NAME STREET ADDRESS	WATSON, JOHN H. FIVE CONCOURSE PKWY,24	ΔΛ.	22N				ack L. McNeese			
CITY-ST-ZIP	ATLANTA GA			PREFI.	ADORESS IL ZIE		Concourse Pkwy	2400		
TITLE	\$	DELETE	311			Q;	rlando, FL		Change Addition	
NAME	FOWLER, ANN	,	3 2 N	AME						
STREET ADDRESS	FIVE CONCOURSE PKWY,24 ATLANTA GA	-00			ADDRESS					
CITY - ST - ZIP TITLE	T	DELETE	411	HTV - S ITLE	1-212				Change Addition	
NAME	DELANEY, THOMAS G.		4 2 N	IAMÉ						
STREET ADDRESS	FIVE CONCOURSE PKWY,24	00	435	TREET.	ADDRESS					
CITY - ST - ZIP TITLE	ATLANTA GA D	XX DELETE	4 4 C	ITY - SI	I - ZIP				Change Addition	
NAME	NORTH, TERENCE H.	era vectic	52N				00000187	382		
STREET ADDRESS	5401 KIRKMAN RD., #200				ADDRESS		-06/24/960109	8007	-	
CITY - ST - ZIP	ORLANDO FL	I.I purt		11Y-S	J-2IP		***225.00		05	,
TITLE NAMÉ	V FINDLAY, ALAN W	KX DELETE	61 TI 62 N					LJ	Change Addition	6
STREET ADDRESS	5401 KIRKMAN RD, STE 200)			ADDRESS				124	
CITY-S1-ZIP	ORLANDO FL	NA ART MAN CONTRACTOR OF THE PROPERTY OF THE P	Į.	ITY - SI					U 10	

64CITY-SI-ZIP

14. I do hereby certify that the information supplied with this fining is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(x), Florida Salhes 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 writed as if made under oath, that I am an officer or princetor of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on as attachment with an address

SIGNATURE:

SIGNATURE:

SIGNATURE ABO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR