FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUN -7 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100001509371
-06/09/95--01013--014
****200.00 ****200.00

DOCUMENT # P93000013083 (9)

1. Corporation Name
N.B.C. LEISURE, INC.

Principal Place of Business	Mailing Address
10031 PINES BLVD SUITE 226 PEMBROKE PINES FL 33024 US	10031 PINES BLVD SUITE 226 PEMBROKE PINES FL 33024 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/19/1993
3a. Date of Last Report: 04/05/1994

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

4. FEI Number: 65-0390385 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MILLER, RONALD L ESQ
601 SOUTH OCEAN DR.
HOLLYWOOD FL

10. Name and Address of New Registered Agent

61 Name: Paul A. Kozlowski CPA
62 Street Address (P.O. Box Number is Not Acceptable): 10031 Pines Blvd. Suite 224
63
64 City: Pembroke Pines FL 65 Zip Code: 33024

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] PAUL A. KOZLOWSKI 5/23/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☑ Change ☐ Addition
NAME	PERSHAN, NORMAN	12 NAME	No Longer a Director
STREET ADDRESS	9051 NW TENTH CT.	13 STREET ADDRESS	With Coporation, Please Delete
CITY ST ZIP	PLANTATION FL 33322	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	JACOBS, BARRY	22 NAME	
STREET ADDRESS	6929 SW 36TH COURT	23 STREET ADDRESS	
CITY ST ZIP	MIRAMAR FL 33023	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	JACOBS, CLAUDIA	32 NAME	
STREET ADDRESS	6929 SW 36TH COURT	33 STREET ADDRESS	
CITY ST ZIP	MIRAMAR FL 33023	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	REMITTED BY MAY 1 ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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.

SIGNATURE: Claudia Jacobs Claudia Jacobs 4/25/95 438-7114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0097000 CP