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CORPORATION ANNUAL REPORT

1996



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

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SIGNATURE:

N.B.C	MENT # P93C C. LEISURE, INC.	000013083	(0)					
rincipal Place	of Business	Mailing Address			[1881 1881 1881 1881 1881 1881 1881 18			
10031 PINE SUITE 226 PEMBROKE		10031 PINES E SUITE 226 PEMBROKE PI	-					
US		US			 Date Incorporated or Quality 02/19/1993 	fied 3a.	Date of Last F 06/07/1	
Principal Pla	ace of Business	2a. Mailing Address	S		4. FE! Number 65-0390385			Applied For Not Applicable
Suite, Apt #	#, etc.	Suite, Apt. #, e	tc.		5. Certificate of Status Desired	a 🗀	\$8.7	5 Additional Required
City & State		City & State			Election Campaign Financin Trust Fund Contribution	ng 🔲	\$5.0	00 May Be
Ζip	Country 25	Zip 29	Cour 30	ntry	8. This corporation has liability	for intangib	de tax under s	
	9. Name and Address of Curre				10. Name and Address of No			
				81 Name			· · · · · · · · · · · · · · · · · · ·	
	DWSKI, PAUL A CPA			82 Street Add	dress (P.O. Box Number is Not Acce	ptable)		
	PINES BLVD. STE. 224 ROKE PINES FL 33024		}	B3				
remon	TONE PINES PL 33024			63				
			1	84 City			85 Z	p Code
_				1				
 Pursuant to or registere 	o the provisions of Sections 607,050 ed agent, or both, in the State of Flo	02 and 607.1508, Florida S rida. Such change was aut	Statutes, the above the co	re-named corporation's boa	pration submits this statement for the	purpose of	f changing its	registered offic
. Pursuant to or registere familiar with	a the provisions of Sections 607,050 ad agent, or both, in the State of Flo h, and accept the obligations of, Sec	02 and 607.1508, Florida S rida. Such change was aut ction 607.0505, Florida Sta	Statutes, the above thorized by the contutes.	re-named corpor preparation's boa	pration submits this statement for the ard of directors. I hereby accept the	purpose of appointmen	f changing its at as registered	registered offic dagent. Lam
SNATURE								registered offic d agent. I am
SNATURE	Styriature, typed or printed name of registered age			Life-named corporation's boa		DAT	TE .	
6NATURE 	El justime, typed or printed name of regretered ago OFFICERS AI	of and title if applicable	(NOTE: Registered /	lgent signature require	ed wher reinstaling)	DAT	TE .	
F	OFFICERS AF D JACOBS, BARRY	of and trie if applicable	(NOTE: Registered / 13. 1 1 TH 1.2 NA	Gont signature require	ed wher reinstaling)	DAT	re AND DIRECTO	DRS IN 12
FE ADDRESS	OFFICERS AT D JACOBS, BARRY 6929 SW 36TH COURT	of and trie if applicable	(NOTE: Registered) 13. 1 1 TIT 1.2 NAI	opent signature require LF ME EET ADDRESS	ed wher reinstaling)	DAT	re AND DIRECTO	DRS IN 12
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