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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000013083

1. Corporation Name

N.B.C. LEISURE, INC.

FILED
Apr 06, 1999 8:00 am
Secretary of State
04.00.1000.00050.000.***150.00

04-06-1999 90056 006 ***150.00

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Principal Place	e of Business	Mailing Ad	dress				47 118\$2 ····· 86:6:	12120 1111 1307	
10031 PINES BI	LVD	10031 PINES	S BLVD						
STE 225		STE 225				DO NOT WOITE IN TH	10.00±CE		
PEMBROKE PIN	IES FL 33024	PEMBROKE	PINES FL 33024			DO NOT WRITE IN THIS SPACE			
บร	•	` US				3. Date incorporated or Qualifed 02/19/1993			
3 D 1 D	lace of Business	2a. Mailing	Addross			4. FEI Number	TTAN	plied For	İ
	lace of Business	├ ─	Address			65-0390385		t Applicable	1
Suite, Apt.	# oto	26 Suite A	Apt. #, etc.				\$8.75		Į
	#, etc.	27	spr. #, etc.			5. Certificate of Status Desired	Fee Re		
City & State	e	City &	State			6. Election Campaign Financing	\$5.00	May Ro	
23	,	28				Trust Fund Contribution	Added t	- 1	
Zip	Country	Zip		Countr	y	8. This corporation owes the current year	Intangible		
24	25	29	30	0		Personal Property Tax.	Yes	□No	
	9. Name and Address of Curre	nt Registered A	gent		•	10. Name and Address of New Registere	d Agent		
				81	Name				ſ
	ROWSKI, PAUL A CPA			87	Street A	ddress (P.O. Box Number is Not Acceptable)			
	31 PINES BLVD. STE. 224				Ou box				
PEMI	Broke Pines FL 33024			83	3				
				84	City		. 85 Zip (Code	
			•		,	F			
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the obligations.	of Florida, Such	change was auth	norized by	the corpor	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app	of changing its pointment as re	registered gistered	
SIGNATURE				·					٠
	Signature, typed or printed name of registered age	ant and title if applicable	(NOTE: R						
42	OFFICERS AN		(1012:11		mit aignature req	uired when reinstating)DATE		DRS IN 12	ã
12.	<u> </u>	ND DIRECTORS		13.	ant augmature req	ADDITIONS/CHANGES TO OFFICERS		DRS IN 12	11/08
TITLE	D ·		☐ DELETE	13. 1.1 TITLE			AND DIRECTO		4 (11/02
TITLE NAME	D JACOBS, BARRY			13. 1.1 TITLE 1.2 NAME			AND DIRECTO		2037 (11/08
TITLE NAME STREET ADDRESS	JACOBS, BARRY 325 NW 109 AVE			13. 1.1 TITLE 1.2 NAME 1.3 STREE	ET ADORESS		AND DIRECTO		27E034 (11/08
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14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

2/99 (954) 438-570 Date Daytime Phone #