

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 01, 1999 8:00 am
Secretary of State
09-01-1999 90005 047 ***550.00

DOCUMENT # P93000024271
1. Corporation Name
LEISURE TRENDS, INC.



Principal Place of Business Mailing Address
2965 PARK SQUARE PL 2965 PARK SQUARE PLACE
BEACH FL 32034 FERNANDINA BEACH FL 32034
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/31/1993	
City & State		City & State		4. FEI Number	
Zip		Zip		59-3173569	
Country		Country		Applied For	
25		29		Not Applicable	
26		27		5. Certificate of Status Desired	
28		28		Fee Required	
29		30		\$8.75 Additional	
30		31		Fee Required	
31		32		6. Election Campaign Financing	
32		33		Trust Fund Contribution	
33		34		\$5.00 May Be	
34		35		Added to Fees	
35		36		8. This corporation owes the current year	
36		37		Intangible Personal Property.	
37		38		Yes No	
38		39		9. Name and Address of Current Registered Agent	
39		40		10. Name and Address of New Registered Agent	
40		41		81 Name	
41		42		82 Street Address (P.O. Box Number is Not Acceptable)	
42		43		83	
43		44		84 City	
44		45		FL 85 Zip Code	
45		46		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	
46		47		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	
47		48		agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.	
48		49		SIGNATURE	
49		50		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
50		51		DATE	
51		52		12. OFFICERS AND DIRECTORS	
52		53		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
53		54		1.1 TITLE	
54		55		1.2 NAME	
55		56		1.3 STREET ADDRESS	
56		57		1.4 CITY-ST-ZIP	
57		58		2.1 TITLE	
58		59		2.2 NAME	
59		60		2.3 STREET ADDRESS	
60		61		2.4 CITY-ST-ZIP	
61		62		3.1 TITLE	
62		63		3.2 NAME	
63		64		3.3 STREET ADDRESS	
64		65		3.4 CITY-ST-ZIP	
65		66		4.1 TITLE	
66		67		4.2 NAME	
67		68		4.3 STREET ADDRESS	
68		69		4.4 CITY-ST-ZIP	
69		70		5.1 TITLE	
70		71		5.2 NAME	
71		72		5.3 STREET ADDRESS	
72		73		5.4 CITY-ST-ZIP	
73		74		6.1 TITLE	
74		75		6.2 NAME	
75		76		6.3 STREET ADDRESS	
76		77		6.4 CITY-ST-ZIP	

CHRITTON, CHARLES P
% WENDEL CHRITTON & PARKS CHARTERED
5300 SOUTH FLORIDA AVE.
LAKELAND FL 33813

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, 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	P	1.1 TITLE	Change Addition		
NAME	ARNOLD, RICHARD J	1.2 NAME	Change Addition		
STREET ADDRESS	2965 PARK SQUARE PLACE	1.3 STREET ADDRESS	Change Addition		
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	1.4 CITY-ST-ZIP	Change Addition		
TITLE	S	2.1 TITLE	Change Addition		
NAME	ARNOLD, JANE R	2.2 NAME	Change Addition		
STREET ADDRESS	2965 PARK SQUARE PLACE	2.3 STREET ADDRESS	Change Addition		
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	2.4 CITY-ST-ZIP	Change Addition		
TITLE		3.1 TITLE	Change Addition		
NAME		3.2 NAME	Change Addition		
STREET ADDRESS		3.3 STREET ADDRESS	Change Addition		
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Change Addition		
TITLE		4.1 TITLE	Change Addition		
NAME		4.2 NAME	Change Addition		
STREET ADDRESS		4.3 STREET ADDRESS	Change Addition		
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Change Addition		
TITLE		5.1 TITLE	Change Addition		
NAME		5.2 NAME	Change Addition		
STREET ADDRESS		5.3 STREET ADDRESS	Change Addition		
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Change Addition		
TITLE		6.1 TITLE	Change Addition		
NAME		6.2 NAME	Change Addition		
STREET ADDRESS		6.3 STREET ADDRESS	Change Addition		
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Change Addition		

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.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED 8/29/99 904-261-3017

CR2E034 (5/99)