

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:17

DOCUMENT # P93000049890 (5)

1. Corporation Name

FLORIDA LEISURE MANAGEMENT, INC.

DO NOT WRITE IN THIS SPACE.

|                                            |                                            |
|--------------------------------------------|--------------------------------------------|
| Principal Place of Business                | Mailing Address                            |
| 4826 KINGSTON CIRCLE<br>KISSIMMEE FL 34746 | 4826 KINGSTON CIRCLE<br>KISSIMMEE FL 34746 |

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

|                                                                                         |                                |
|-----------------------------------------------------------------------------------------|--------------------------------|
| 3. Date Incorporated or Qualified                                                       | 3a. Date of Last Report        |
| 07/08/1993                                                                              | 05/01/1994                     |
| 4. FEI Number                                                                           | Applied For                    |
| 59-3192172                                                                              | 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                        |  |
| BALL, JOAN<br>4826 KINGSTON CIRCLE<br>MOUEGO BAY<br>KISSIMMEE FL 34746 |  |

|                                                       |             |
|-------------------------------------------------------|-------------|
| 10. Name and Address of New Registered Agent          |             |
| 81 Name                                               |             |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83                                                    |             |
| 84 City                                               | 85 Zip Code |

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 first applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

| 12. OFFICERS AND DIRECTORS |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | D                      | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BALL, GORDON C         | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 4826 KINGSTON CIRCLE   | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | KISSIMMEE FL 34746     | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | D                      | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BALL, JOAN M           | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 4826 KINGSTON CIRCLE   | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | KISSIMMEE FL 34746     | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | D                      | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GUNN, HARRY            | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 3035 5TH AVE N         | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | ST PETERSBURG FL 33713 | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | D                      | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GUNN, PERRY J          | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 3035 5TH AVE N         | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | ST PETERSBURG FL 33713 | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                        | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                        | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                        | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                        | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                        | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                        | 6.4 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 110.07(3)(a), 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:

*Joan M. Ball*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.15.95

392.0325