SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P93000049890 (5)**

1. Corporation Name
FLORIDA LEISURE MANAGEMENT, INC.

Principal Place of Business	Mailing Address
4826 KINGSTON CIRCLE KISSIMMEE FL 34746	4826 KINGSTON CIRCLE KISSIMMEE FL 34746

3. Date Incorporated or Qualified: 07/08/1993
3a. Date of Last Report: 02/21/1995

2. Principal Place of Business
Florida Leisure Inc
Suite 312 La Mirada Plaza
3501 West Vine St.
Kissimmee, Florida. 34741

2a. Mailing Address
Florida Leisure Inc
Suite 312 La Mirada Plaza
3501 West Vine St.
Kissimmee, Florida. 34741

4. FEI Number: 59-3192172 ☐ Applied For ☐ Not Applicable

Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

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

24 | 25 | 29 | 30

9. Name and Address of Current Registered Agent

BALL, JOAN
4826 KINGSTON CIRCLE
MOUTEGO BAY
KISSIMMEE FL 34746

10. Name and Address of New Registered Agent

81 Name: JOAN BALL - FLORIDA LEISURE
82 Street Address (P.O. Box Number is Not Acceptable): STE 312, LA MIRADA PLAZA
83: 3501 W. VINE ST.
84 City: KISSIMMEE FL 85 Zip Code: 34741

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: Joan M. Ball. 6.19.96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D BALL, GORDON C 4826 KINGSTON CIRCLE KISSIMMEE FL 34746	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BALL, JOAN M 4826 KINGSTON CIRCLE KISSIMMEE FL 34746	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUNN, HARRY 3035 5TH AVE N ST PETERSBURG FL 33713	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUNN, PERRY J 3035 5TH AVE N ST PETERSBURG FL 33713	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (3/96)

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)(k), 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 617, 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. 6.19.96 407-870-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #