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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000049890 (5)

FLORIDA LEISURE MANAGEMENT, INC.

Principal Place of Business Mailing Address 3501 WEST VINE ST 3501 WEST VINE ST SUITE 312 LA MIRADA PLAZA SUTIE 312 LA MIRADA PLAZA DO NOT WRITE IN THIS SPACE KISSIMMEE FL 34741 KISSIMMEE FL 34741 3. Date Incorporated or Qualified 07/08/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 59-3192172 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Ζıρ Country Country 8. This corporation owes or has paid the current year Intangiole Personal Property Tax due June 30. Yes Yes ☐ No 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name FLORIDA LEISURE INC #326 3501 W VINE ST Street Address (P.O. Box Number is Not Acceptable) 3501 W. VINE ST KISSIMMEE FL 34741 Zip Code R4 City 85 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, typod or printed name of registered agent and title il applicable (NOTE Registered Agent algorature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 1.1 TITLE TITLE BALL, GORDON C 1.2 NAME NAME

STE 328 3501 W VINE ST 1.3 STREET ADDRESS STREET ADDRESS KISSIMMEE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE NAME BALL, JOAN M 2.2 NAME STE 328 3501 W VINE ST STREET ADDRESS 2.3 STREET ADDRESS KISSIMMEE FL CITY-ST-ZIP 2.4 CITY - ST - ZIP \_\_ DELETE ☐ Change Addition TITLE 3.1 TITLE **GUNN. HARRY** NAME 3.2 NAME STE 326 3501 W VINE ST STREET ADDRESS 3.3 STREET ADDRESS KISSIMMEE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE **GUNN, PERRY J** 4. 2 NAME NAME STE 326 3501 W VINE ST 4.3 STREET ADDRESS STREET ADDRESS KISSIMMEE FL CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 trusted 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.

6.4 CITY - ST - ZIP

SIGNATURE:

CITY - ST - ZIP

FILED

Mar 25 1998 8:00am

Secretary of State