FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000058996 (8)

1. Corporation Name
UNITED LEISURE ADMINISTRATIVE SERVICES, INC.

Principal Place of Business	Mailing Address
6333 NORTH ORANGE BLOSSOM TRAIL SUITE 201-B ORLANDO FL 32810	6333 NORTH ORANGE BLOSSOM TRAIL SUITE 201-B ORLANDO FL 32810

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/23/1993
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-3200719 — [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [X] — $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 [X] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 3033 Mercy Dr.	26 3033 Mercy Dr.
Suite, Apt. #, etc: 22 Suite A	Suite, Apt. #, etc: 27
City & State: 23 Orlando, FL	City & State: 28 Orlando, FL
Zip: 24 32808 — Country: 25 Orange	Zip: 29 32808 — Country: 30 Orange

9. Name and Address of Current Registered Agent

EDGAR, CANDICE B
6333 N. ORANGE BLOSSOM TRAIL
SUITE 201
ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 3033 Mercy Dr.
83
84 City: Orlando FL 85 Zip Code: 32808

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: ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	[X] Change [ ] Addition
NAME	DOEBLER, DONALD W	1.2 NAME	
STREET ADDRESS	6333 N ORANGE BLOSSOM TRAIL #201	1.3 STREET ADDRESS	3033 Mercy Dr.
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, FL 32808
TITLE	PST	2.1 TITLE	[X] Change [ ] Addition
NAME	EDGAR, CANDICE B	2.2 NAME	
STREET ADDRESS	6333 N ORANGE BLOSSOM TRAIL #201	2.3 STREET ADDRESS	3033 Mercy Dr.
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, FL 32808
TITLE	V	3.1 TITLE	[X] Change [ ] Addition
NAME	DOEBLER, VIRGINIA M	3.2 NAME	
STREET ADDRESS	6333 N ORANGE BLOSSOM TRAIL #201	3.3 STREET ADDRESS	3033 Mercy Dr.
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Orlando, FL 32808
TITLE		4.1 TITLE	[ ] Change [ ] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	[ ] Change [ ] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	[ ] Change [ ] 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 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] VP — 4-25-95 — (407) 297-0141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Candice B Edgar, Vice President

0069135 CP