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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400000190

LEISURE	LIVING, INC.				9111 01 381 (8 1 38)		
Principal Place of Business Mailing Address							
3922 GORDAN ROAD P.O. BOX 420830 ' BIG PINE KEY FL 33043 SUMMERLAND KEY FL 33042 US OS				DO NOT WRITE IN THIS SPACE			
US OS				3. Date Incorporated or Qualifed			
l				01/03/1994			
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	App	lied For	
21		26		65-0465718	Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A		
22		27		5. Certificate of Otation Desired	Fee Red	quired	
City & State	9 1/	City & State		6. Election Campaign Financing	\$5.00 1		
23		28		Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Inte			
24	25	29 30	<u> </u>	Personal Property Tax.		□No	
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registered	Agent		
CVA	COC ID LIT		al Name	•			
SKAGGS, JR H T		82 Street Addr	ess (P.O. Box Number is Not Acceptable)				
8422 GORDON RD BIG PINE KEY FL 33043						ł	
DIG (PINE NET PL 33043	,	83	1			
	111	$\Lambda\Lambda$ Λ	84 City	FL	85 Zip C		
11. Pursuant	to the provisions of Sections 807.050	22 and 607.1808 # lorida Statutes.	the above-named corp	oration submits this statement for the purpose of	changing its r	registered	1
							l
office or re	egistered agent, or both, in the State	of Florida, Such change was auth	orized by the corporation Statutes.	on's board of directors. I hereby accept the appoin	ntment as reg	jistered	
	egistered agent, or both in the State m familiar with, and accept the obliga	of Florida, Such change was auth ations of, Section 607.0595 Florida	orized by the corporation statutes.	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	ntment as reg	istered	
office or re agent. I an SIGNATURE	Signature typed or printed name of gistered age	ent and title if applicability (NOTE: Re	orized by the corporation a Satutes. PLES TRUE Igistered Agent Agnature require	d when reinstating) OATE	7		
	Signature typed or printed name of gistered age	ant and title if applicant (NOTE: Re	gistered Agent rignature required	<u> </u>	D DIRECTOR	RS IN 12	
SIGNATURE	Signature typed or printed name of glistered age OFFICERS AI	ent and title if applicability (NOTE: Re	gistered Agent agnature require	d when reinstating) OATE	7		
SIGNATURE	Signature typed or printed name of plastered age OFFICERS AI PST SKAGGS, H. TEAGUE JR	ant and title if applicant (NOTE: Re	gistered Agent / gnature require 13. 1.1 TITLE 1.2 NAME	d when reinstating) OATE	D DIRECTOR	RS IN 12	
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14. I hereby certify that the information supplied with his filing does not qualify indicated on this annual report of applemental annual report is true and a officer or director of the corporation or the reporter or trustee empoyered Block 12 or Block 13 if changes, or on a rattachment with an address of the corporation. the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information arate and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ike empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90037 012 ***150.00