


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000040187 (4)**

1. Corporation Name

**GRANDE LEISURE HOLDINGS INTERNATIONAL CORPORATIO  
N**

Principal Place of Business

**373 INTERSTATE BLVD.  
SARASOTA FL 34240**

Mailing Address

**373 INTERSTATE BLVD.  
SARASOTA FL 34240**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**05/23/1994**

3a. Date of Last Report

**04/29/1996**

4. FEI Number

**65-5057749**

Applied For

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**WHITEHILL, ANDREA  
373 INTERSTATE BLVD.  
SARASOTA FL 34240**

10. Name and Address of New Registered Agent

81

Name

**BARBARA A. MUSICK**

82

Street Address (P.O. Box Number is Not Acceptable)

**373 INTERSTATE BLVD.**

83

84

City

**SARASOTA**

**FL**

85

Zip Code

**34240**

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

*Barbara A. Musick*  
Signature, typed or printed name of registered agent and title, if applicable

**BARBARA A. MUSICK**

(NOTE: Registered Agent signature required when reinstating)

**9/15/97**  
DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>TOPLIS, BRIAN K</b>	
STREET ADDRESS	<b>4311 74TH AVE. E.</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34243</b>	

TITLE	<b>ST</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WHITEHILL, ANDREA</b>	
STREET ADDRESS	<b>598 ASTON WOODS CT.</b>	
CITY-ST-ZIP	<b>VENICE FL 34293</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>TOPLIS, BRIAN K</b>	
1.3 STREET ADDRESS	<b>4049 CENTER PT. PL.</b>	
1.4 CITY-ST-ZIP	<b>SARASOTA, FL 34233</b>	

2.1 TITLE	<b>ST</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>MUSICK, BARBARA</b>	
2.3 STREET ADDRESS	<b>2425 WHIPPOWILL CR.</b>	
2.4 CITY-ST-ZIP	<b>SARASOTA, FL 34231</b>	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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

*Brian K. Toplis*  
**BRIAN K. TOPLIS** 9/15/97 1941/378-11/11

CR2E034 (4/97)