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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:46

DOCUMENT # **P94000065131 (2)**

1. Corporation Name
LEISURETIME DESTINATIONS, INC.

Principal Place of Business	Mailing Address
201 E KENNEDY BLVD SUITE 710 TAMPA FL	201 E KENNEDY BLVD SUITE 710 TAMPA FL

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 4910-K Creekside Dr.	26 4910-K Creekside Dr.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Clearwater, FL	28 City & State: Clearwater, FL
24 Zip: 34620 — 25 Country: U.S.A.	29 Zip: 34620 — 30 Country: U.S.A.

3. Date Incorporated or Qualified: 09/06/1994
3a. Date of Last Report:
4. FEI Number: 59-3264864 — ☐ 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 has [illegible] Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CASWELL, CHRISTOPHER K
% ICARD MERRILL CULLIS TIMM FUREN GINSBURG
2033 MAIN ST SUITE 600
SARASOTA FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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

TITLE	D
NAME	~~DAVIS, MICHAEL~~
STREET ADDRESS	~~% 201 E KENNEDY BLVD SUITE 710~~
CITY, ST, ZIP	~~TAMPA FL~~
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY, ST, ZIP		
2 1 TITLE	P/D	☐ Change ☒ Addition
2 2 NAME	Rossi, Valda G.	
2 3 STREET ADDRESS	2323 Feather Sound Drive	
2 4 CITY, ST, ZIP	Clearwater, FL 34622	
3 1 TITLE	VP/D	☐ Change ☒ Addition
3 2 NAME	Bales, Donald James	
3 3 STREET ADDRESS	2323 Feather Sound Drive	
3 4 CITY, ST, ZIP	Clearwater, FL 34622	
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY, ST, ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY, ST, ZIP		
6 1 TITLE		☐ Change ☐ 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 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 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] D. James Bales — 6/28/95 — 813-573-5747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #