

4-20-98 B-5066 C-
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000076836 (3)

1. Corporation Name

LEISURE COMMUNITIES MANAGEMENT, INC.



Principal Place of Business

760
700 N.W. 107 AVE.
MIAMI FL 33172

Mailing Address

760
700 N.W. 107 AVE.
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/19/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0528563	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible	
				Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WATSKY, MORRIS J
700 N.W. 107 AVE.
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name RUBIN, Shelly, VP. FINANCE
82 Street Address (P.O. Box Number is Not Acceptable)
760 NW 107 AVE
83
84 City Miami FL 85 Zip Code 33172

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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Shelly Rubin

3/30/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLER, LEONARD			1.2 NAME			
STREET ADDRESS	700 N.W. 107 AVE.			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33172			1.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BOLOTIN, IRVING			2.2 NAME			
STREET ADDRESS	700 N.W. 107 AVE.			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33172			2.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	COLE, ROBERT B			3.2 NAME			
STREET ADDRESS	700 N.W. 107 AVE.			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33172			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PEKOR, ALLAN J			4.2 NAME			
STREET ADDRESS	700 N.W. 107 AVE.			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33172			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLER, STUART A			5.2 NAME			
STREET ADDRESS	700 N.W. 107 AVE.			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33172			5.4 CITY-ST-ZIP			
TITLE	AS	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SIERRA, KATHLEEN E			6.2 NAME			
STREET ADDRESS	700 N.W. 107 AVE.			6.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33172			6.4 CITY-ST-ZIP			

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 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

ATM

JT mickle 3/25/98 315/485-2000

CR2E034 (10/97)