FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

P94000078852

CORPORATION AN... FLORIDA DEPARTMENT ... B. ...tary o...

FILED
95 JUL -5 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000078852 (8)

1. Corporation Name
LEISURE & LAND INVESTMENTS CORP.

Principal Place of Business	Mailing Address
~~400 E. SEMORAN BLVD.~~ ~~SUITE 207~~ ~~CASSELBERRY FL 32707~~	~~400 E. SEMORAN BLVD.~~ ~~SUITE 207~~ ~~CASSELBERRY FL 32707~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/26/1994
3a. Date of Last Report:

2. Principal Place of Business
21 944 MILLENBECK
Suite, Apt. #, etc.
22
City & State
23 DELTONA, FL
Zip
24 32725
Country
25

2a. Mailing Address
26 944 MILLENBECK
Suite, Apt. #, etc.
27
City & State
28 DELTONA, FL
Zip
29 32725
Country
30

4. FEI Number: [X] 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 liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

~~CORPORATION SERVICE COMPANY~~
~~1201 HAYS ST.~~
~~TALLAHASSEE FL 32301~~

10. Name and Address of New Registered Agent

91 Name: Fowler, White, Gillen, Boggs, Villareal and Banker, P.A.
Attn: Mitchell I. Horowitz
92 Street Address (P.O. Box Number is Not Acceptable)
501 E. Kennedy Blvd.
93 Suite 1700
94 City: Tampa FL 95 Zip Code: 33602

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: Mitchell I. Horowitz — Fowler, White, et al. By: Mitchell I. Horowitz, For the Firm
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	[ ] Change [ ] Addition
NAME	WHITTLE, LARRY J	12 NAME	
STREET ADDRESS	400 EAST SEMORAN BLVD., STE. 207	13 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL 32707	14 CITY-ST-ZIP	
TITLE		21 TITLE	[ ] Change [ ] Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	[ ] Change [ ] Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	[ ] Change [ ] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Larry J. Whittle — 7/3/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0036895 CP

1201 Hays Street
Tallahassee, FL 32301
904-222-9171
904-222-0393 FAX

800-342-8036

P94-78852

RECEIVED
95 JUL -5 AM 10:46
DIVISION OF CORPORATION

csc networks
PRENTICE HALL
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 630738 5310A

AUTHORIZATION : Patricia Pyfitt

COST LIMIT : $ 225.00

ORDER DATE : July 5, 1995

ORDER TIME : 10:0 AM

100001529811

File First

ORDER NO. : 630738

CUSTOMER NO: 5310A

CUSTOMER: Amy Eckard, Legal Assistant
Fowler White Gillen Bogge
501 E. Kennedy Blvd., ste. 1700
P.o. Box 1438
Tampa, FL 33602

ANNUAL REPORT FILING

NAME: LEISURE LAND & INVESTMENTS CORP.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Andrea C. Mabry

EXAMINER'S INITIALS: _____