SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000071457

1. Corporation Name
LEISURE ACTIVITIES CORP. OF AMERICA

Principal Place of Business	Mailing Address
6036 Central Ave. St. Petersburg, FL 33707	6036 Central Ave. St. Petersburg, FL 33707

3. Date Incorporated or Qualified: 9/15/95
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 7825 Boca Ciega Dr.	26 7825 Boca Ciega Dr.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 St. Pete Beach, FL	City & State 28 St. Pete Beach, FL
Zip 24 33707 / Country 25 USA	Zip 29 33707 / Country 30 USA

4. FEI Number: 59-3288652 [ ] 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

LLOYD D. CROSSMAN
6036 Central Ave.
St. Petersburg, FL 33707

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 7825 Boca Ciaga Dr.
83
84 City: St. Pete Beach **FL** 85 Zip Code: 33706

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 _____ (NOTE: Registered Agent Signature required when name listed) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (LIST 12)	
11 TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D Crossman, Lloyd D. 6036 Central Ave. St. Petersburg, FL 33707 [ ] DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	D/P/T Crossman, Lloyd D. 7825 Boca Ciega Dr. St. Pete Beach, FL 33706 [X] Change [ ] Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	D BROWN, DOUGLAS M. 3765 Oak Grove Dr. Sarasota, FL 34243 [ ] DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	D/V/S [X] Change [ ] Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	[ ] DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	[ ] Change [ ] Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	[ ] DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	[ ] Change [ ] Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	[ ] DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	[ ] Change [ ] Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	[ ] DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	[ ] Change [ ] Addition

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***225.00

CR2E034 (3/96)

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: Lloyd D. Crossman 7/25/96 941-355-8451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
LLOYD D. CROSSMAN, AS PRESIDENT