**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P95000097061**1. Corporation Name

LEISURE PRODUCTS OF SARASOTA, INC.

FILED
Mar 22, 1999 8:00 am
Secretary of State
03-22-1999 90049 028 ***150.00

Principal Place	of Business	Mailing Address							
3520 BAYOU LOUISE LN 3520 BAYOU LOUISE LN SARASOTA FL 34242 SARASOTA FL 34242			مسرت عتند						
SARASOTA FL 34242 SARASOTA FL 342				يتاب سر سري	E NOT WE	TE 01 THO 6	20405		
					DO NOT WR		SPACE		1
					3. Date Incorporated or Qualifed				1
					01/01/1996				1,000
2. Principal P	face of Business	2a. Mailing Address		4. FEI Number		L A	Applied For		
21		26			68-0605825		_   N	lot Applicable	ĺ
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired		\$8.75	Additional	ĺ	
22		27			5. Certificate of Status Desired	ш	Fee F	Required	ĺ
City & State		City & State		6. Election Campaign Financing		\$5.00	May Be	ĺ	
23		28	—, ·		Trust Fund Contribution		Added	to Fees	ĺ
Zip Country		Zip			8. This corporation owes the cur	rent vear Inta	ngible		l
24	25	29	30	_	Personal Property Tax.		∐ Yes	□No	l
24	9. Name and Address of Currer		[50]	1	10. Name and Address of New	Registered A	gent	***	l
	3. Harry prin Addition of Carrot	it itagistered Agent		81 Name					l
FRIE	DMAN, ELLY								i
	BAYOU LOUISE LN			82 Street Ac	ddress (P.O. Box Number is Not Accept	able)		1	ĺ
	ASOTA FL 34242								ı
SAIT	MOUTA FE 34242			83					ĺ
				84 City			85 Zip	Code	
				1		FL			
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Stat	utes, the a	bove-named ed	prporation submits this statement for the	purpose of c	hanging if	is registered	Ì
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was stions of Section 607 0505. F	authorize Iorida Stat	d by the corpora	ation's board of directors. I hereby acce	hr.u.o.ahhokī	TITEL 11 11 11 11 11 11 11 11 11 11 11 11 11	edistered	=
_	m lammar min, and accept the conge								
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NC	TE: Registered	d Agent signature req	uired when reinstating)	DATE			ءَ ا
12.	OFFICERS AN	ND DIRECTORS	13.		. ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECT	ORS IN 12	] }
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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, with all other like empowered.

941-349-9493