FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
98 APR 29 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000000938

1. Corporation Name
EVANS LEISURE MANAGEMENT, INC

Principal Place of Business	Mailing Address
2815 NE 33RD AVE #201 FORT LAUDERDALE FL 33308	P.O. BOX 480093 FORT LAUDERDALE FL 33348

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 1/6/97

4. FEI Number: 65-0715756 ☐ 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

7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

21 Principal Place of Business	22 Suite, Apt. #, etc.	23 City & State	24 Zip	25 Country
2815 NE 33RD AVE	#201	FORT LAUDERDALE	FL	33308

36 Mailing Address	37 Suite, Apt. #, etc.	38 City & State	39 Zip	40 Country
P.O. BOX 480093		FORT LAUDERDALE FL	33348	USA

9. Name and Address of Current Registered Agent

AMERI LAWYER CHARTERED
343 Almeria Avenue
Coral Gables, Florida
33134

10. Name and Address of New Registered Agent

61 Name: SAME AS CURRENT
62 Street Address (P.O. Box Number is Not Acceptable):
63
64 City: — 65 FL 66 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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DIRECTOR & PRESIDENT ☐ DELETE	13.1 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	GARY E. ROWE	13.2 NAME	CHARMAINE DU PLESSIS
STREET ADDRESS	2815 NE 33RD AVE #201	13.3 STREET ADDRESS	1915 NE 31ST AVE
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	13.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33305
TITLE	~~VICE PRESIDENT~~ ☐ DELETE	14.1 TITLE	☐ Change ☐ Addition
NAME		14.2 NAME	
STREET ADDRESS		14.3 STREET ADDRESS	
CITY-ST-ZIP		14.4 CITY-ST-ZIP	
TITLE	SECRETARY/TREASURER ☐ DELETE	15.1 TITLE	☐ Change ☐ Addition
NAME	VIRGINIA SCHMIDT	15.2 NAME	
STREET ADDRESS	8100 NW 110 AVE	15.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	15.4 CITY-ST-ZIP	
TITLE	☐ DELETE	16.1 TITLE	☐ Change ☐ Addition
NAME		16.2 NAME	
STREET ADDRESS		16.3 STREET ADDRESS	
CITY-ST-ZIP		16.4 CITY-ST-ZIP	
TITLE	☐ DELETE	17.1 TITLE	☐ Change ☐ Addition
NAME		17.2 NAME	
STREET ADDRESS		17.3 STREET ADDRESS	
CITY-ST-ZIP		17.4 CITY-ST-ZIP	
TITLE	☐ DELETE	18.1 TITLE	☐ Change ☐ Addition
NAME		18.2 NAME	
STREET ADDRESS		18.3 STREET ADDRESS	
CITY-ST-ZIP		18.4 CITY-ST-ZIP	

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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.

SIGNATURE: Gary E. Rowe 4/27/98 (954)566-4046
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING ON DIRECTION — Date — Daytime Phone #