

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

FILED
May 12 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 # P97000060717 (0)

1. Corporation Name
REHORA LEISURE GROUP INC.



Principal Place of Business
290 COMPETITION DRIVE
KISSIMMEE FL 34743

Mailing Address
290 COMPETITION DRIVE
KISSIMMEE FL 34743

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 113 LAKE POINTE CIRCLE Suite, Apt. #, etc.		2a. Mailing Address 26 113 LAKE POINTE CIRCLE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/11/1997	
22 City & State 23 KISSIMMEE, FL		27 City & State 28 KISSIMMEE, FL		4. FEI Number 59-3457395	
24 Zip 34743		25 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip 34743		30 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Name and Address of Current Registered Agent SAUGER, REGIS P 13001 LAND STAR BLVD. ORLANDO FL 32824				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

10. Name and Address of New Registered Agent	
81 Name SAUGER, REGIS P.	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
82 Street Address (P.O. Box Number is Not Acceptable) 113 LAKE POINTE CIRCLE	
83	
84 City KISSIMMEE, FL	85 Zip Code 34743

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P
NAME	SAUGER, REGIS P	1.2 NAME	WILLIAM J. WOV JR.
STREET ADDRESS	113 LAKE POINTE CIRCLE	1.3 STREET ADDRESS	14646 BOGGY CREEK RD
CITY-ST-ZIP	KISSIMMEE FL 34743	1.4 CITY-ST-ZIP	ORLANDO, FL 32824
TITLE	D	2.1 TITLE	V
NAME	HILL, J H	2.2 NAME	RANDALL L. LEASURE
STREET ADDRESS	13001 LANDSTAR BLVD.	2.3 STREET ADDRESS	3821 SEABRIDGE DRIVE
CITY-ST-ZIP	ORLANDO FL 32824	2.4 CITY-ST-ZIP	ORLANDO, FL 32809
TITLE		3.1 TITLE	S
NAME		3.2 NAME	ROSE ANN SAUGER
STREET ADDRESS		3.3 STREET ADDRESS	113 LAKE POINTE CIRCLE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	KISSIMMEE, FL 34743
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____

CR2E034 (10/97)