


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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90254 027 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000075647					
1. Corporation Name LEISURE ACTIVITIES & TOURS, INC.					
Principal Place of Business 6681 15 ST E SARASOTA FL 34243		Mailing Address 6681 15 ST E SARASOTA FL 34243			
2. Principal Place of Business 21 1308 68TH AVE. W. Suite, Apt. #, etc. 22		2a. Mailing Address 26 1308 68TH AVE. W. Suite, Apt. #, etc. 27		3. Date incorporated or Qualified 08/29/1997	
23 City & State BRADENTON FL Zip Country 34207 MANATEE		28 City & State BRADENTON, FL Zip Country 34207 MANATEE		4. FEI Number 65-0780272 Applied For Not Applicable	
24		29		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent DUGGAN, DAVID H 3501 10 ST W PALMETTO FL 34221		10. Name and Address of New Registered Agent 81 Name LLOYD D. CROSSMAN 82 Street Address (P.O. Box Number is Not Acceptable) 5810 14TH ST. W. 83 84 City BRADENTON FL 85 Zip Code 34207			
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 <i>Lloyd D. Crossman</i> LLOYD D. CROSSMAN 4/23/99 Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP					
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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(1)(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 307, 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.

SIGNATURE: *Lloyd D. Crossman* LLOYD D. CROSSMAN 4/23/99 941-756-0469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)