

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
May 01 1998 8:00am
Secretary of State

DOCUMENT # P97000079765 (8)

1. Corporation Name
PRO-LEISURE, INC.



Principal Place of Business Mailing Address
% STANLEY J. LIEBERFARB % STANLEY J. LIEBERFARB
4001 TAMiami TRAIL NORTH, SUITE 330 4001 TAMiami TRAIL NORTH, SUITE 330
NAPLES FL 34103 NAPLES FL 34103

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1997

4. FEI Number

☒ 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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 8100 Trail Blvd.

Suite, Apt. #, etc.

23 City & State

Naples FL

24 Zip

34108

25 Country

USA

2a. Mailing Address

26 8100 Trail Blvd.

Suite, Apt. #, etc.

27 City & State

Naples, FL

28 Zip

34108

29 Country

USA

9. Name and Address of Current Registered Agent

LIEBERFARB, STANLEY J
4001 NORTH TAMiami TRAIL
SUITE 330
NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name William Michael Hovey

82 Street Address (P.O. Box Number is Not Acceptable)

8100 Trail Blvd.

83

84 City Naples FL

FL

85 Zip Code 34108

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

William Michael Hovey

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/98

12. OFFICERS AND DIRECTORS

TITLE D
NAME LIEBERFARB, STANLEY J
STREET ADDRESS 4001 NORTH TAMiami TRAIL, SUITE 330
CITY-ST-ZIP NAPLES FL 34103

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE B/D
1.2 NAME William Michael Hovey
1.3 STREET ADDRESS 8100 Trail Blvd.
1.4 CITY-ST-ZIP Naples, FL 34108

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(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 William Michael Hovey 4/20/98

CR2E034 (10/97)