PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000047933

LEISUHE MARKETING, INC.					
Principal Place of Business	Mailing Address		1 10211007 110 10117 10111 10111 10111		
650 TENNIS CLUB DRIVE #402 550 TENNIS CLUB DRIVE # FT. LAUDERDALE FL 33311 FT. LAUDERDALE FL 33311					
		•	DO NOT WRITE IN THIS	SPACE	
			3. Date incorporated or Qualified	_	
			05/26/1998		ļ
2. Principal Place of Business	2a. Mailing Address	-	4 EEI Number	Арр	lied For
21	26		65-0840362	Not	Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	dditional
22	27		5. Certificate of Status Desireo	Fee Req	uired
City & State	City & State		6: Election Campaign Financing	" \$5.00 N	
23	28		Trust Fund Contribution	Added to	Fees
Zip Country	<i>Z</i> ip	Country	This corporation owes the current year Int		٦ ا
24 25	29	30	Personal Property Tax.		□No
9. Name and Address o	f Current Registered Agent	81 Name	10. Name and Address of New Registered	Agent	
HATFIELD, GERALD M		oi Name			
660 TENNIS CLUB DRIVE #402		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
FT. LAUDERDALE FL 33311	ve	83			
TI. DADDOIDALL TE GOOT		83			
		84 City	FI	85 Zip Ci	ode
				• <u> </u>	
SIGNATURE			rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoi	ntment as regi	agistared istered
SIGNATURE Signature, typed or present name of reg 12. OFFIC	istered agent and title if applicable. (NOTE ERS AND DIRECTORS	Registered Agent signature require 13.		ID DIRECTOR	
SIGNATURE Signature, typed or printed name of reg 12. OFFICE TITLE D	pistered agent and title if applicable. (NOTE	: Registered Agent signisture required 13.	red when minetrang) DATE		RS IN 12
SIGNATURE Signature, typed or printed name of reg 12. OFFIC TITLE D NAME HATFIELD, GERALD M	istered agent and title if applicable. (NOTE JERS AND DIRECTORS DELETE	Registered Agent signsture required 13. 1.1 TITLE 1.2 NAME	red when minetrang) DATE	ID DIRECTOR	RS IN 12
SIGNATURE 12. OFFIC TITLE D NAME STREET ADDRESS 660 TENNIS CLUB DRIV	istered agent and little if applicable. (NOTE CERS AND DIRECTORS DELETE	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	red when minetrang) DATE	ID DIRECTOR	RS 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 cath; that I am an officer or director of the corporation or the people or trusted 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 one of programment with an address with all other like empowered. CITY-ST-ZIP

8.4 CITY-ST-ZIP

SIGNATURE:

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90287 036 ***150.00