

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

**FILED**

**Feb 20 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # S17129 (5)**

1. Corporation Name  
**OUTDOOR LEISURE ENTERPRISES, INC.**



Principal Place of Business: **12900 TRAILS END RD  
FLORAL CITY FL 34436  
US**  
Mailing Address: **12900 TRAILS END RD  
FLORAL CITY FL 34436-2634  
US**

3. Date Incorporated or Qualified: **12/04/1990**  
3a. Date of Last Report: **02/26/1996**

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
4. FEI Number: **59-3038963**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **VINCENT, DAVE  
12900 TRAILS END RD  
FLORAL CITY FL 34436**  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code **FL**

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: <input type="checkbox"/> DELETE	<b>D</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>VINCENT, DAVE</b>		12 NAME	
STREET ADDRESS: <b>12900 TRAILS END RD</b>		13 STREET ADDRESS	
CITY - ST - ZIP: <b>FLORAL CITY FL</b>		14 CITY - ST - ZIP	<b>D/VP</b>
TITLE: <input type="checkbox"/> DELETE		21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		22 NAME	<b>Katherine Johnson</b>
STREET ADDRESS:		23 STREET ADDRESS	<b>12900 Trails End Rd</b>
CITY - ST - ZIP:		24 CITY - ST - ZIP	<b>Floral City, FL 34436</b>
TITLE: <input type="checkbox"/> DELETE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		32 NAME	
STREET ADDRESS:		33 STREET ADDRESS	
CITY - ST - ZIP:		34 CITY - ST - ZIP	
TITLE: <input type="checkbox"/> DELETE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		42 NAME	
STREET ADDRESS:		43 STREET ADDRESS	
CITY - ST - ZIP:		44 CITY - ST - ZIP	
TITLE: <input type="checkbox"/> DELETE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		52 NAME	
STREET ADDRESS:		53 STREET ADDRESS	
CITY - ST - ZIP:		54 CITY - ST - ZIP	
TITLE: <input type="checkbox"/> DELETE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		62 NAME	
STREET ADDRESS:		63 STREET ADDRESS	
CITY - ST - ZIP:		64 CITY - ST - ZIP	

14. I do 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: **Dave Vincent** 2/5/97 (352) 726-3699  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)