

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V42741 (1)**  
1. Corporation Name  
**LEeward TIME, INC.**



Principal Place of Business: **26A BEAL PKWY NW STE AA1 FT WALTON BCH FL 32548 US**  
Mailing Address: **PO BOX 2435 FT WALTON BCH FL 32549-2435 US**

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country 25  
2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Quoted: **06/09/1992** 3a. Date of Last Report: **04/17/1995**  
4. FET Number: **25-1506813** 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 has liability for intangible tax under s. 193.032 Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**GERCAK, RICHARD E.  
1352 MIRACLE STRIP PKWY SE  
FT. WALTON BEACH FL 32548**

10. Name and Address of New Registered Agent

81 Name: **GERCAK RICHARD E.**  
82 Street Address (P.O. Box Number is Not Acceptable): **104 MIRACLE STRIP PARKWAY S.W.**  
83  
84 City: **FT WALTON BEACH** FL 85 Zip Code: **32548**

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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

12. OFFICERS AND DIRECTORS

1. TITLE	PT	<input type="checkbox"/> Delete
2. NAME	GERCAK, RICHARD R	
3. STREET ADDRESS	1352 MIRACLE STRIP PKWY SE	
4. CITY-STATE-ZIP	FT WALTON BCH FL	
5. TITLE	VS	<input type="checkbox"/> Delete
6. NAME	GERCAK, KAREN LEE	
7. STREET ADDRESS	1352 MIRACLE STRIP PKWY SE	
8. CITY-STATE-ZIP	FT WALTON BCH FL	
9. TITLE		<input type="checkbox"/> Delete
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		<input type="checkbox"/> Delete
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		<input type="checkbox"/> Delete
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	GERCAK RICHARD E.	
3. STREET ADDRESS	104 MIRACLE STRIP PKWY S.W.	
4. CITY-STATE-ZIP	FT WALTON BEACH, FL 32548	
5. TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	GERCAK KAREN LEE	
7. STREET ADDRESS	104 MIRACLE STRIP PKWY S.W.	
8. CITY-STATE-ZIP	FT WALTON BEACH, FL 32548	
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption states in Section 119.07(3)(k), 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 register 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: *Richard E. Gercak* RICHARD E. GERCAK 1/31/96 904-243-2738  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)