

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

**FILED**  
**Feb 28 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 # 505492 (9)**  
 1. Corporation Name  
**KING'S COURTS TENNIS CLUB, INC.**



Principal Place of Business: **8901 S.W. 168 STREET MIAMI FL 33157**  
 Mailing Address: **8901 S.W. 168 STREET MIAMI FL 33157-4550**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City, State, Zip, and Country.

3. Date Incorporated or Qualified: **06/18/1976**  
 3a. Date of Last Report: **02/13/1996**  
 4. FEI Number: **59-1697860**  
 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. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**MOORE, JERRY**  
**8361 SW 165 TERR**  
**MIAMI FL 33157**

10. Name and Address of New Registered Agent (81-85)  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code

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

|                 |                  |                                 |
|-----------------|------------------|---------------------------------|
| TITLE           | TD               | <input type="checkbox"/> DELETE |
| NAME            | MOORE, JOHN      |                                 |
| STREET ADDRESS  | 16625 SW 91 AVE  |                                 |
| CITY - ST - ZIP | MIAMI, FL 00000  |                                 |
| TITLE           | SD               | <input type="checkbox"/> DELETE |
| NAME            | MOORE, BEVERLY   |                                 |
| STREET ADDRESS  | 8361 SW 165 TERR |                                 |
| CITY - ST - ZIP | MIAMI, FL 00000  |                                 |
| TITLE           | PD               | <input type="checkbox"/> DELETE |
| NAME            | MOORE, JERRY     |                                 |
| STREET ADDRESS  | 8361 SW 165 TERR |                                 |
| CITY - ST - ZIP | MIAMI, FL 00000  |                                 |
| TITLE           |                  | <input type="checkbox"/> DELETE |
| NAME            |                  |                                 |
| STREET ADDRESS  |                  |                                 |
| CITY - ST - ZIP |                  |                                 |
| TITLE           |                  | <input type="checkbox"/> DELETE |
| NAME            |                  |                                 |
| STREET ADDRESS  |                  |                                 |
| CITY - ST - ZIP |                  |                                 |
| TITLE           |                  | <input type="checkbox"/> DELETE |
| NAME            |                  |                                 |
| STREET ADDRESS  |                  |                                 |
| CITY - ST - ZIP |                  |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |   |
| 6.3 STREET ADDRESS  |   |
| 6.4 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 included 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: *Jerry Moore* **JERRY MOORE** 2/23/97 305-253-6537  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)