SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Aug 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 723340 (6)

1. Corporation Name
THE TAMPA RACQUET CLUB, INC.

Principal Place of Business	Mailing Address
5820 N CHURCH AVENUE TAMPA FL 33614	5820 N. CHURCH AVE. 448 TAMPA FL 33614 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/04/1972	3a. Date of Last Report: 02/05/1996
4. FEI Number: 23-7393107	☐ 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	2a. Mailing Address
21	26 5820 N. CHURCH AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 114
City & State 23	City & State 28 TAMPA, FL
Zip 24 / Country 25	Zip 29 33614 / Country 30 USA

9. Name and Address of Current Registered Agent

NICKELL, EDWIN K.
5820 N. CHURCH AVE.
448
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name: ALLAN STEAVPACK
82 Street Address (P.O. Box Number is Not Acceptable): 5820 N. CHURCH AVE 114
83
84 City: TAMPA FL 85 Zip Code: 33614

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: ALLAN STEAVPACK Allan Steavpack TD 8/11/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	ROBERT LICCARDELLO	☐ Change ☒ Addition
NAME	NICKELL, EDWIN K.		1.2 NAME		
STREET ADDRESS	5820 N. CHURCH AVE 448		1.3 STREET ADDRESS	5820 N CHURCH AVE 209	PD
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	TAMPA FL 33614	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, KATE		2.2 NAME		
STREET ADDRESS	5820 N. CHURCH AVE 123	SD	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 00000		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STEAVPACK, ALLAN		3.2 NAME		
STREET ADDRESS	5820 N CHURCH AVE 114	TD	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 00000		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (4/97)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED Allan Steavpack TD 8/11/97 813-882-8284