


FILE NOW: FILING FEE IS \$61.25

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90099 018 ****70.00

0044810

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # F98000002425

1. Corporation Name
ISRAEL TENNIS CENTERS ASSOCIATION, INC.

Principal Place of Business 2151 WEST HILLSBORO BLVD., STE. 100 DEERFIELD BEACH FL 33442	Mailing Address 2151 WEST HILLSBORO BLVD., STE. 100 DEERFIELD BEACH FL 33442
--	--



2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 04/28/1998	4. FEI Number 13-2961273 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	---	--	---	---

9. Name and Address of Current Registered Agent

ALLEN, LOUISE J
 150 W. FLAGLER ST., STE. 2200
 MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name **Marlene Waldfoegel**
 82 Street Address (P.O. Box Number is Not Acceptable)
705 NW 165th Ave
 83
 84 City **Pembroke Pines** FL 85 Zip Code **33028**

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 *Marlene Waldfoegel, National Executive Director (Marlene Waldfoegel)* DATE **5/11/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BACHMANN, BRUCE	
STREET ADDRESS	740 N. RUSH ST. #612	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BEILER, BENJAMIN	
STREET ADDRESS	1825 N. LINCOLN PLAZA, HEMINGWAY HOUSE 809	
CITY-ST-ZIP	CHICAGO IL 60614	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BEILER, PATRICIA	
STREET ADDRESS	1825 N. LINCOLN PLAZA, HEMINGWAY HOUSE 809	
CITY-ST-ZIP	CHICAGO IL 60614	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BENDER, RICHARD	
STREET ADDRESS	312 E. RUSTIC RD.	
CITY-ST-ZIP	SANTA MONICA CA 90402	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BENDER, SUE	
STREET ADDRESS	312 E. RUSTIC RD.	
CITY-ST-ZIP	SANTA MONICA CA 90402	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BACHMANN, ANN	
STREET ADDRESS	740 N. RUSH ST., #612	
CITY-ST-ZIP	CHICAGO IL 60611	

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 checked="" 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 checked="" type="checkbox"/> Addition
3.2 NAME	Robert Werner
3.3 STREET ADDRESS	3000 Island Blvd # 3001
3.4 CITY-ST-ZIP	Williams Island FL 33160
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	T Sydney Selati
4.3 STREET ADDRESS	15041 Bake Parkway, #A
4.4 CITY-ST-ZIP	Irvine, CA 92618
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 checked="" type="checkbox"/> Addition
6.2 NAME	Alan Goldstein
6.3 STREET ADDRESS	10 East 35th St, # 1003
6.4 CITY-ST-ZIP	New York, NY 10016

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 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, with all other like empowered.

SIGNATURE: *Robert Werner* SIGNATURE REQUIRED DATE: **5/20/99** (954) 480-6333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)