

FILE NOW: FILING FEE IS \$61.25

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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90063 015 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999

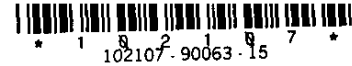


FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000004247

1. Corporation Name
TAMPA BAY INNER-CITY YOUTH TENNIS ACADEMY, INC.

Principal Place of Business Mailing Address
 1509 SERENE WAY SOUTH 1509 SERENE WAY SOUTH
 ST. PETERSBURG FL 33705 ST. PETERSBURG FL 33705



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/06/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3343074	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
24 25		29 30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROBERTS, LIONEL V 1509 SERENE WAY SOUTH ST. PETERSBURG FL 33705				81 Name DOUGLAS McCOWN			
				82 Street Address (P.O. Box Number is Not Acceptable) address same as on left			
				83			
				84 City FL 85 Zip Code			

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 *[Signature]* Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **1/14/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUSTRO, LILLY	1.2 NAME	
STREET ADDRESS	1110 PINELLAS BAYWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE FL 33718	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, LIONEL V	2.2 NAME	
STREET ADDRESS	638 EAST 38TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN NY 11203	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, VALERIE	3.2 NAME	
STREET ADDRESS	11604 NINTH ST N	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORTEAU, CARMEN	4.2 NAME	
STREET ADDRESS	6741 18TH STREET SOUTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENTO, ANNETTE	5.2 NAME	
STREET ADDRESS	2755 66TH TERRACE SOUTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHULICK, JOHN JR	6.2 NAME	
STREET ADDRESS	4260 48TH AVE SOUTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	6.4 CITY-ST-ZIP	

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: *[Signature]* SIGNATURE REQUIRED Date **1/14/99** 727-864-4093 Daytime Phone #

CR2E037 (11/98)