

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 11 PM 9:50

**DOCUMENT # P02755 (7)**  
1. Corporation Name  
**ISREAL TENNIS CENTERS ASSOCIATION, INC.**

Principal Place of Business: **928 BROADWAY STE 900 NEW YORK NY 10010**  
Mailing Address: **928 BROADWAY STE 900 NEW YORK NY 10010**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/19/1984</b>	3a. Date of Last Report <b>03/14/1994</b>
4. FEI Number <b>13-2961273</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

**9. Name and Address of Current Registered Agent**  
**BORIS, GLORIA  
761 VIA GENOVA  
DEERFIELD BEACH FL 33442**

**10. Name and Address of New Registered Agent**  
**81 Name: Arnold Rosen**  
**82 Street Address (P.O. Box Number is Not Acceptable): 5812 Waterford**  
**83**  
**84 City: Boca Raton FL 85 Zip Code: 33496**

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:  DATE: **4/3/95**

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>
NAME	<b>ROSENSON, HAROLD</b>
STREET ADDRESS	<b>2100 MAGNOLIA LANE</b>
CITY- ST- ZIP	<b>HIGHLAND PK IL</b>
TITLE	<b>VP</b>
NAME	<b>GOLDNER, ALAN</b>
STREET ADDRESS	<b>18 MAPLE TERRACE</b>
CITY- ST- ZIP	<b>MAPLEWOOD NY</b>
TITLE	<b>VP</b>
NAME	<b>COHEN, MAURICE</b>
STREET ADDRESS	<b>11 PARTRIDGE CIRCLE</b>
CITY- ST- ZIP	<b>PORTLAND ME</b>
TITLE	<b>I</b>
NAME	<b>RABINOWITZ, SHELDON</b>
STREET ADDRESS	<b>1 SW 51ST ST</b>
CITY- ST- ZIP	<b>DES MOINES IA</b>
TITLE	<b>VP</b>
NAME	<b>COHEN, GERALD</b>
STREET ADDRESS	<b>GREENLEY CAPITAL CO. 156 W. 56TH STREET</b>
CITY- ST- ZIP	<b>NEW YORK NY</b>
TITLE	<b>S</b>
NAME	<b>KEEFER, JOYCE E</b>
STREET ADDRESS	<b>1221 OCEAN AVE, #1003</b>
CITY- ST- ZIP	<b>SANTA MONICA CA</b>

**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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>T</b>
4.3 STREET ADDRESS	<b>Sydney Selati</b>
4.4 CITY- ST- ZIP	<b>1265 La Jolla Rancho Rd. La Jolla, CA 92037</b>
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: **Stephan Lecker**  DATE: **3/30/95** DAYTIME PHONE #: **212-353-3880**