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Mar 03 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 # P02755 (7)
1. Corporation Name

ISREAL TENNIS CENTERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
2151 W. HILLSBORO BLVD STE 100 DEERFIELD BEACH FL 33442-1275
2151 W. HILLSBORO BLVD STE 100 DEERFIELD BEACH FL 33442-1275

3. Date Incorporated or Qualified 07/19/1984
3a. Date of Last Report 03/29/1996

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 13-2961273
Applied For Not Applicable

21 Suite, Apt #, etc 26 Suite, Apt #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~ROSEN, ARNOLD~~
~~5812 WATERFORD~~
~~BOCA RATON FL 33496~~

81 Name Lecker, Stephen
82 Street Address (P.O. Box Number is Not Acceptable) 3450 South Ocean Blvd. # 606
83
84 City Highland Beach FL 85 Zip Code 33487

11. Pursuant to the provisions of Sections 617.0207 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 *Stephen Lecker* Stephen Lecker, Executive Director DATE 2/24/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROENSON, HAROLD	1.2 NAME
STREET ADDRESS	2100 MAGNOLIA LANE	1.3 STREET ADDRESS
CITY - ST - ZIP	HIGHLAND PK IL	1.4 CITY - ST - ZIP
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDNER, ALAN	2.2 NAME
STREET ADDRESS	18 MAPLE TERRACE	2.3 STREET ADDRESS
CITY - ST - ZIP	MAPLEWOOD NY	2.4 CITY - ST - ZIP
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, MAURICE	3.2 NAME
STREET ADDRESS	11 PARTRIDGE CIRCLE	3.3 STREET ADDRESS
CITY - ST - ZIP	PORTLAND ME	3.4 CITY - ST - ZIP
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELATI, SYDNEY	4.2 NAME
STREET ADDRESS	1265 LA JOLLA RANCHO RD	4.3 STREET ADDRESS
CITY - ST - ZIP	LA JOLLA CA	4.4 CITY - ST - ZIP
TITLE	VP <input checked="" type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COHEN, GERALD	5.2 NAME Lippy, Sandra
STREET ADDRESS	GREENLEY CAPITAL CO-150 W-50TH STREET	5.3 STREET ADDRESS 298 Hawthorne Lane
CITY - ST - ZIP	NEW YORK NY	5.4 CITY - ST - ZIP Warren, Ohio 44484
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEEFER, JOYCE E	6.2 NAME
STREET ADDRESS	1221 OCEAN AVE, #1003	6.3 STREET ADDRESS
CITY - ST - ZIP	SANTA MONICA CA	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 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: *Stephen Lecker* Stephen Lecker, Executive Director DATE 2/24/97 954-480-6333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0042987

CR2E037 (9/96)