


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 22 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P17954 (9)
 1. Corporation Name
ATP TOUR, INC.



Principal Place of Business 200 ATP TOUR BLVD. PONTE VEDRA BEACH FL 32082	Mailing Address 200 ATP TOUR BLVD. PONTE VEDRA BEACH FL 32082
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3. Date Incorporated or Qualified
02/09/1988

4. FEI Number 95-2833251	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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21. Principal Place of Business 201 ATP TOUR BLVD	2a. Mailing Address 201 ATP TOUR BLVD
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	MILES, MARK	
STREET ADDRESS	200 ATP TOUR BLVD.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GALLOWAY, PHILIP B	
STREET ADDRESS	200 ATP TOUR BLVD.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	YOUNG, MARK V	
STREET ADDRESS	200 ATP TOUR BLVD.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	COO	<input type="checkbox"/> DELETE
NAME	SCOTT, LAWRENCE G	
STREET ADDRESS	200 ATP TOUR BLVD.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PASARELL, CHARLIE	
STREET ADDRESS	49-650 INDIAN WELLS LANE	
CITY-ST-ZIP	INDIAN WELL CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARTONI, FRANCO	
STREET ADDRESS	VIALE DEI GLADIATORI 31	
CITY-ST-ZIP	00194 ROME, ITALY	

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	8004 ACORN RIDGE ROAD
1.4 CITY-ST-ZIP	JACKSONVILLE FL 32256
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	704 SHIPWATCH DRIVE EAST
2.4 CITY-ST-ZIP	JACKSONVILLE FL 32225
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	937 SHIPWATCH DRIVE
3.4 CITY-ST-ZIP	JACKSONVILLE FL 32225
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	201 ATP TOUR BLVD
4.4 CITY-ST-ZIP	
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 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: _____ Date **8 July 1998** (904) 285-8000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (5/98)

ATP TOUR BOARD OF DIRECTORS

ANNACONE, PAUL
P.O. Box 1182
East Hampton, NY 11937

ARISAWA, Sanji
2 18 4 Yanagibashi
Taito ku, Tokyo, Japan

DREWETT, Brad
56 Myoora Road
Terrey Hills
NSW 2084 AUSTRALIA

⊙ **FELGATE, David**
13 Cardigan Road
Barnes, London
SW13 OBH, England

⊙ - New member to Board effective January 1, 1998.