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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90246 025 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999

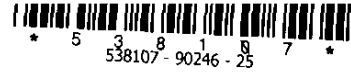


FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P17954

1. Corporation Name

ATP TOUR, INC.



Principal Place of Business
 201 ATP TOUR BLVD
 PONTE VEDRA BEACH FL 32082
 US

Mailing Address
 201 ATP TOUR BLVD
 PONTE VEDRA BEACH FL 32082
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/09/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		95-2833251	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24 25		29 30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				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 _____ DATE _____
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	CEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILES, MARK	1.2 NAME	
STREET ADDRESS	8004 ACORN RIDGE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLOWAY, PHILIP B	2.2 NAME	
STREET ADDRESS	704 SHIPWATCH DRIVE EAST	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32225	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, MARK V	3.2 NAME	
STREET ADDRESS	937 SHIPWATCH DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32225	3.4 CITY-ST-ZIP	
TITLE	COO <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, LAWRENCE G	4.2 NAME	
STREET ADDRESS	201 ATP TOUR BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASARELL, CHARLIE	5.2 NAME	
STREET ADDRESS	49-650 INDIAN WELLS LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN WELL CA	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTONI, FRANCO	6.2 NAME	
STREET ADDRESS	VIALE DEI GLADIATORI 31	6.3 STREET ADDRESS	147 VIA DI CASAL SELCE
CITY-ST-ZIP	00194 ROME, ITALY	6.4 CITY-ST-ZIP	00166 ROME, ITALY

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)

ATP TOUR BOARD OF DIRECTORS

538107-9246-25
#P17954

ARISAWA, Sanji
C/o Airsawa Mfg. Co., Ltd.
4-18, Yanagibashi 2-Chome,
Taito-Ku
Tokyo, 111 JAPAN

DREWETT, BRAD
56 Myoora Road
Terrey Hills
NSW 2084 AUSTRALIA

FELGATE, DAVID
13 Cardigan Road
Barnes, London
SW13 OBH, ENGLAND

SOLOMON, HAROLD
1520 SW 15th Avenue
Ft. Lauderdale, FL 33312