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Apr 11 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 # P32984 (7)

1. Corporation Name
ATP TOUR CHARITIES, INC.



Principal Place of Business Mailing Address
200 ATP TOUR BLVD 200 ATP TOUR BLVD
PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082-3211

3. Date Incorporated or Qualified 02/26/1991
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address

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

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number 59-3046932 Applied For Not Applicable

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

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

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

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 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: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MILES, MARK D.
STREET ADDRESS 475 OSPREY POINT
CITY-ST-ZIP PONTE VEDRA BCH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
CEO Miles Mark D.
8004 Acorn Ridge Road
Jacksonville FL 32256

TITLE S
NAME YOUNG, MARK V.
STREET ADDRESS 1425 PINETREE RD.
CITY-ST-ZIP JACKSONVILLE FL 32207

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
S
Young, Mark V
927 Shipwatch Drive
Jacksonville FL 32225

TITLE T
NAME GALLOWAY, PHILIP B.
STREET ADDRESS 704 SHIPWATCH DR. E.
CITY-ST-ZIP JACKSONVILLE FL 32225

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME PASARELL, CHARLIE
STREET ADDRESS 44-650 INDIAN WELLS LANE
CITY-ST-ZIP INDIAN WELLS LANE CA 92210

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME BARTONI, FRANCO
STREET ADDRESS VIALE TIZIANO 70
CITY-ST-ZIP 00196 ROME ITALY

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE COO
NAME LARRY SCOTT
STREET ADDRESS 200 ATP TOUR BLVD
CITY-ST-ZIP PONTE VEDRA FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904 285-8000

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