


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 23 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P32984 (7)**  
 1. Corporation Name  
**ATP TOUR CHARITIES, INC.**



Principal Place of Business <b>200 ATP TOUR BLVD PONTE VEDRA BEACH FL 32062</b>	Mailing Address <b>200 ATP TOUR BLVD PONTE VEDRA BEACH FL 32062</b>
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3. Date Incorporated or Qualified <b>02/26/1991</b>	
4. FEI Number <b>59-3046932</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21 201 ATP TOUR BLVD</b>	2a. Mailing Address <b>26 201 ATP TOUR BLVD</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 <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>	10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>85 Zip Code</b>
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>CEO</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MILES, MARK D.</b>		1.2 NAME	
STREET ADDRESS <b>8004 ACORW RIDGE RD</b>		1.3 STREET ADDRESS <b>8004 ACORN RIDGE ROAD</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>YOUNG, MARK V</b>		2.2 NAME	
STREET ADDRESS <b>937 SHIPWATCH DR</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>T</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GALLOWAY, PHILIP B.</b>		3.2 NAME	
STREET ADDRESS <b>704 SHIPWATCH DR. E.</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE FL 32225</b>		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PASARELL, CHARLIE</b>		4.2 NAME	
STREET ADDRESS <b>44850 INDIAN WELLS LANE</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>INDIAN WELLS LANE CA 92210</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BARTONI, FRANCO</b>		5.2 NAME	
STREET ADDRESS <b>VIALE TIZIANO 70</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>00198 ROME ITALY</b>		5.4 CITY-ST-ZIP	
TITLE <b>COO</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LARRY SCOTT</b>		6.2 NAME	
STREET ADDRESS <b>200 ATP TOUR BLVD</b>		6.3 STREET ADDRESS <b>201 ATP TOUR BLVD</b>	
CITY-ST-ZIP <b>PONTE VEDRA FL</b>		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: \_\_\_\_\_ **8 July 1998** (904) 285-8000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)

# **ATP TOUR CHARITIES 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.**