

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F95212** (9)

1. Corporation Name  
**A & M TENNIS, INC.**



Principal Place of Business: **9 ISLAND AVENUE STE 2102 MIAMI BEACH FL 33139**  
Mailing Address: **9 ISLAND AVENUE STE 2102 MIAMI BEACH FL 33139**

3. Date Incorporated or Qualified: **08/04/1982**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-2209435**  
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  
**KASTIN, ALICE  
9 ISLAND AVE., SUITE 2102  
N MIAMI BEACH, FL  
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent  
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: KASTIN, ALICE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 9 ISLAND AVE STE 2102		1.2 NAME	
CITY-ST-ZIP: MIAMI BEACH FL	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
TITLE: VD	NAME: GROSS, MARTHA	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 9 ISLAND AVE STE 2102		2.1 TITLE	
CITY-ST-ZIP: MIAMI BEACH FL	<input type="checkbox"/> DELETE	2.2 NAME	
TITLE:	NAME:	2.3 STREET ADDRESS	
STREET ADDRESS:	STREET ADDRESS:	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP:	CITY-ST-ZIP:	3.1 TITLE	
TITLE:	NAME:	3.2 NAME	
NAME:	STREET ADDRESS:	3.3 STREET ADDRESS	
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP:	TITLE:	4.1 TITLE	
TITLE:	NAME:	4.2 NAME	
NAME:	STREET ADDRESS:	4.3 STREET ADDRESS	
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP:	TITLE:	5.1 TITLE	
TITLE:	NAME:	5.2 NAME	
NAME:	STREET ADDRESS:	5.3 STREET ADDRESS	
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP:	TITLE:	6.1 TITLE	
TITLE:	NAME:	6.2 NAME	
NAME:	STREET ADDRESS:	6.3 STREET ADDRESS	
STREET ADDRESS:	CITY-ST-ZIP:	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alice Kastin Pres Date: 4-27-96 Daytime Phone #: 305-531-0008

CR2E034 (12/95)