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TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

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-10/08/96--01095--005
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SUBJECT: JERRY SIMMONS TENNIS CAMPS, INC. D/B/A COLLEGE TENNIS COACHES OF AMERICA
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

SHARON SIMMONS

(Name of Person)

C/O JAMES E. BOREN, ATTORNEY AT LAW

(Firm/Company)

830 MAIN STREET

(Address)

BATON ROUGE, LA 70802

(City/State/Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

95 OCT - 7 AM 10:00

FILED

20-8

Should you need to call someone concerning this matter, please call:

SHARON SIMMONS

(Name of Person)

at (504) 387-5786

(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

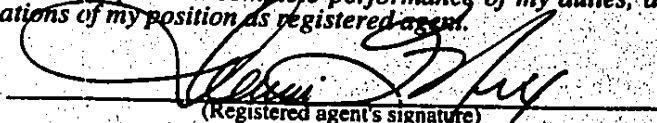
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:**

1. JERRY SIMMONS TENNIS CAMPS, INC.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. LOUISIANA
(State or country under the law of which it is incorporated)
3. 72-1241034
(FBI number, if applicable)
4. MAY 27, 1993
(Date of Incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. APPLICATION BEING MADE IN ANTICIPATION OF TRANSACTING BUSINESS IN FLORIDA
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.135, P.S.))
7. 7962-B WRENWOOD BOULEVARD
BATON ROUGE, LA 70809
(Current mailing address)
8. CONDUCT TENNIS CAMPS AND/OR TENNIS CLINICS
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box acceptable)**
Name: DENISE S. NIX
Office Address: 13210 MORAN DRIVE
TAMPA, Florida, 33618
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED
95 OCT -7 AM 11:00
TALAHASSEE, FLORIDA
NOT

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

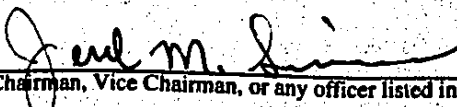
A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: JEREL M. SIMMONS, PRESIDENT
Address: 7962-B WRENWOOD BOULEVARD
BATON ROUGE, LA 70809
Vice Chairman: SHARON M. SIMMONS, SECRETARY/TREASURER
Address: 7962-B WRENWOOD BOULEVARD
BATON ROUGE, LA 70809
Director: _____
Address: _____
Director: _____
Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: JEREL M. SIMMONS
Address: 7962-B WRENWOOD BOULEVARD
BATON ROUGE, LA 70809
Vice President: _____
Address: _____
Secretary: SHARON M. SIMMONS
Address: 7962-B WRENWOOD BOULEVARD
BATON ROUGE, LA 70809
Treasurer: SHARON M. SIMMONS
Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. JEREL M. SIMMONS, PRESIDENT
(Typed or printed name and capacity of person signing application)

FILED
B6 OCT 17 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UNITED STATES OF AMERICA

State of Louisiana

Box McKeithen
SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that
the Articles of Incorporation of

JERRY SIMMONS TENNIS CAMPS, INC.

Domiciled at BATON ROUGE, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation
was issued on May 27, 1993,

I further certify that no Certificate of Dissolution has
been issued.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 OCT - 7 AM 10:00

FILED

*In testimony whereof, I have hereunto set
my hand and caused the Seal of my Office
to be affixed at the City of Baton Rouge on,*

September 6, 1996

Box McKeithen

CGR

Secretary of State

