

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 08 1998 8:00am  
Secretary of State

PROFIT 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 # **H72244** (7)  
1. Corporation Name  
**BOLLETTIERI, INC.**

Principal Place of Business  
**5500 34TH STREET WEST  
BRADENTON FL 34210**

Mailing Address  
**ONE ERIEVIEW PLAZA  
SUITE 1300  
CLEVELAND OH 44114  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/21/1985**

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. <b>1016 Center 1360 E. 9th St</b>
22. City & State	27. <b>SUITE 100</b>
23. Zip	28. <b>CLEVELAND OH</b>
24. Country	29. <b>44114-1782</b>
25. Country	30. <b>US</b>

4. FEI Number <b>59-2580687</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>
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	

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State <b>FL</b>
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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	<b>BOLLETTIERI, NICHOLAS J.</b>
STREET ADDRESS	<b>5500 34TH STREET</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>
TITLE	VSD
NAME	<b>LAFAYE, ARTHUR J., JR.</b>
STREET ADDRESS	<b>1 ERIEVIEW PLAZA</b>
CITY-ST-ZIP	<b>CLEVELAND OH 44114</b>
TITLE	VDS
NAME	<b>CARFAGNA, PETER A</b>
STREET ADDRESS	<b>ONE ERIEVIEW PLAZA</b>
CITY-ST-ZIP	<b>CLEVELAND OH 44114</b>
TITLE	VT
NAME	<b>OSBORNE, DAVID A JR</b>
STREET ADDRESS	<b>1 ERIEVIEW PLAZA #1300</b>
CITY-ST-ZIP	<b>CLEVELAND OH</b>
TITLE	C
NAME	<b>KAIN, ROBERT</b>
STREET ADDRESS	<b>1 ERIEVIEW PLAZA</b>
CITY-ST-ZIP	<b>CLEVELAND OH</b>
TITLE	V
NAME	<b>MEEKMA, THEODORE</b>
STREET ADDRESS	<b>1 ERIEVIEW PLAZA</b>
CITY-ST-ZIP	<b>CLEVELAND OH</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ **David A. Osborne Jr.** 4-9-98

CR2E034 (10/97)