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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90106 010 ***150.00

USA 1/100

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # H83784

1. Corporation Name
U. S. TENNIS AND FITNESS COMPANY, INC.

Principal Place of Business 3963-B EXCHANGE AVE. NAPLES FL 33942 US 34104	Mailing Address 3963B EXCHANGE AVE. NAPLES FL 33942 US 34104
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/04/1985	4. FEI Number 59-2599821	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 3963 Exchange Ave	2a. Mailing Address 26 3963 Exchange Ave
Suite, Apt. #, etc. 22 B	Suite, Apt. #, etc. 27 B
City & State 23 Naples, Florida	City & State 28 NAPLES, Florida
Zip 24 34104	Country 25 USA
Country 25 USA	Zip 29 34104
Country 25 USA	Country 30 USA

9. Name and Address of Current Registered Agent
YOUNG, ROBERT W
3963-B EXCHANGE AVE.
NAPLES FL ~~33942~~ 34104

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	YOUNG, ROBERT W	
STREET ADDRESS	3963-B EXCHANGE AVE	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARK ANTHONY YOUNG	
1.3 STREET ADDRESS	169 STANHOPE CIRCLE	
1.4 CITY-ST-ZIP	NAPLES, FL 34104	
2.1 TITLE	TREASURER / SEC.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOAN A. YOUNG	
2.3 STREET ADDRESS	169 STANHOPE CIRCLE	
2.4 CITY-ST-ZIP	NAPLES, FL 34104	
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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)