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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 1 07503

3 (0)

1. Corporation Name J.N. TENNIS, INC. Principal Place of Business Mailing Address 10838 BAL HARBOR DR. BOCA RATON FL 33498 US US									
US		U	3			3. Date Incorporated or Qualified	3a. Date of L		port
						08/07/1989	05/01/19		
2. Principal Place of Business		├ ─¬	2a. Mailing Address						olied For
Suite And Micke		26	Suite, Apt. #, etc.			65-0144761 Not Applicat			
Suite, Apt. #, etc.		27	27			Certificate of Status Desired	5. Certificate of Status Desired		
City & State		28	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country		Zip	Count	ry	8. This corporation has liability for	intangible tax un	ider s.	199.032
4	25	29	· · · · · · · · · · · · · · · · · · ·	30			Yes No		
	Name and Address of Cur JNEZ,DIANE	rrent Regis	itered Agent	8	1 Name	10. Name and Address of New Re	gistered Agent		
	1838 BAL HARBOR DR. DCA RATON FL 33498			8	3	Idress (P.O. Box Number is Not Acceptal	les l	Zip C	Code
II. Pursuan	nt to the provisions of Sections 607.	0502 and 6	307.1508, Florida Statu	tes, the abo		orporation submits this statement for the		ging Its	registered
11. Pursuan office or agent 1 SIGNATURE					ve-named copy by the corpo es.	orporation submits this statement for the pration's board of directors. I hereby acce		ging Its ent as r	registered registered
SIGNATURE		d agent and till	e il applicable. (NO CTORS		ve-named copy by the corpo es.		purpose of changot the appointment DATE	CTORS	S IN 12
SIGNATURE	Signature 152+51 or profed name of registers OFFICERS	d agent and till	e il applicable. (NO	TE Regislered A	ve-named co by the corpo es.	quired when reinstating)	purpose of chang pt the appointme	CTORS	
SIGNATURE 12. IIILE	Signature 192+3 or profed name of registers OFFICERS PD NUNEZ, JUAN	d agent and till	e il applicable. (NO CTORS	TE Regislered A	ve-named co by the corpo es.	quired when reinstating)	purpose of changot the appointment DATE	CTORS	S IN 12
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BIGNATURE 12. 1ILE MME TREET ADDRESS SILY-ST-ZIF	Signature system printed name of registers OFFICERS PD NUNEZ, JUAN 10838 BAL HARBOR DR. BOCA RATON FL	d agent and till	e il appicable. (NO CTORS DELETE	TE Registered A 13. 11 TITLE 12 NAM 1.3 STRE 14 CITY	ve-named copy the corpoles. gent eignature re- Et ADDRESS ST-ZIP	quired when reinstating)	DATE DATE CERS AND DIRE	CTORS lange	S IN 12
BIGNATURE 2. TILE TAME THEET ADDRESS THEET ADDRESS TILE	Signification (speed or product name of registers) OFFICERS PD NUNEZ, JUAN 10838 BAL HARBOR DR. BOCA RATON FL VTS	d agent and till	e il applicable. (NO CTORS	13. 11 TITLE 12 NAM 1.3 STRE 14 CITY 21 TITLE	ve-named copy the corpo es. gent signature re- E ET ADDRESS -ST-ZIP	quired when reinstating)	purpose of changot the appointment DATE	CTORS lange	S IN 12
SIGNATUHE ITLE VAME STREET ADDRESS CHY-ST-ZIF ITLE VAME	Signature system protect name of registers OFFICERS PD NUNEZ, JUAN 10838 BAL HARBOR DR. BOCA RATON FL VTS NUNEZ,DIANE	d agent and till	e il appicable. (NO CTORS DELETE	13. 11 TITLE 12 NAM 1.3 STRE 14 CITY 21 TITLE 2.2 NAM	ve-named copy the corpo es. gent signature re- E ET ADDRESS ST-ZIP	quired when reinstating)	DATE DATE CERS AND DIRE	CTORS lange	S IN 12
SIGNATUHE 12. IIILE VAME SINY-ST-ZIF IIILE VAME SIREEI ADDRESS	Signature system product name of registers OFFICERS PD NUNEZ, JUAN 10838 BAL HARBOR DR. BOCA RATON FL VTS NUNEZ,DIANE 10838 BAL HARBOR DR.	d agent and till	e il appicable. (NO CTORS DELETE	18. 11 TITLE 12 NAM 1.3 STRE 14 CITY 21 TITLE 22 NAM 23 STRE	ve-named copy the corpo es. gent signature re- EE ADDRESS -S1-2 P	quired when reinstating)	DATE DATE CERS AND DIRE	CTORS lange	S IN 12
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14. If do 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or on an attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY - S1 - 70P

TITLE

NAME

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETÉ

4897

9014829289

Change

Addition

FILED

Apr 14 1997 8:00am

Secretary of State

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