1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9300003594

1. Corporation Name

SOUTH FLORIDA TABLE TENNIS ORGANIZATION, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

27

2681 EAST MARINA DRIVE FORT LAUDERDALE FL 33312

2. Principal Place of Business

Suite, Apt. #, etc.

21

22

2681 EAST MARINA DRIVE FORT LAUDERDALE FL 33312

## FILED May 06, 1999 8:00 am § Secretary of State

05-06-1999 90159 047 \*\*\*\*70.00



3. Date Incorporated or Qualifed

08/06/1993

65-0432818

4. FEI Number

City & State	e ·	City & State			5. Certifcate of Status Desired		\$8.75	
23		28					Fee Re	<del></del>
Zip 24	Country	Zip 29	Count		Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent			1301	10. Name and Address of New Registered Agent				
· · · · · · · · · · · · · · · · · · ·	V. Italile and Address of Carrent	togiotorou Agont	8	1 Name				
TERRANOVA, TERESE L ESQ				2 Street A	ddress (P.O. Box Number is Not Accepta	ible)		
2681 MARINA DRIVE				3				
FORT LAUDERDALE FL 33312				•				
			8	4 City			85 Zip	Code
				<u></u>		<u> </u>		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating)  DATE								
12. OFFICERS AND DIRECTORS 13.					ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLE				Change	Addition
NAME	TERRANOVA, TERESE		1.2 NAME					
STREET ADDRESS			1.3 STRE	ET ADDRESS				. 1
CITY-ST-ZIP				ST-ZIP				
TITLE	DV:4	DELETE	2.1 TITLE				Change	Addition
NAME	STERCHELE, VIOLA		2.2 NAME					
STREET ADDRESS	1900 S. OCEAN DRIVE		2.3 STRE	ET ADDRESS				
CITY-ST-ZIP			2.4 CITY	-ST-ZIP				
TITLE	D	☐ DELETE	3.1 TITLE				Change	Addition
NAME	PRAEGER, MARVIN		3.2 NAME					ļ
STREET ADORESS	•		3.3 STRE	ET ADDRESS				}
CITY+ST-ZIP	TTT - T T		3.4. C/TY	-ST-ZIP				}
TITLE	TOTAL DIODERION CONTRACTOR	☐ DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME :			4. 2 NAM	E				Ì
STREET ADDRESS			4.3 STRE	ET ADDRESS				ľ
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE	☐ DELETE 5.1		5.1 TITLE				☐ Change	Addition
NAME			5.2 NAME	:				ì
STREET ADDRESS			5.3 STRE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP				
TITLE	☐ DELETE 6.11		6.1 TITLE				☐ Change	☐ Addition
NAME			6.2 NAME	:				
STREET ADDRESS			6.3 STRE	ET ADDRESS				
CITY+ST-ZIP			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 617, 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:

CHARLES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 84-963-0204 Deste Destine Prone #

CR2E037 (11/98)

Applied For

Not Applicable

**=**