

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003803 (2)**

1. Corporation Name

**PALM BEACH INTERNATIONAL TENNIS ACADEMY FOUNDATI
ON, INC.**

Principal Place of Business

**2828 TENNIS CLUB DRIVE #208
WEST PALM BEACH FL 33417**

Mailing Address

**2828 TENNIS CLUB DRIVE #208
WEST PALM BEACH FL 33417**



3. Date Incorporated or Qualified **08/09/1995** 3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 **2915 E N. Military Tr.**

27 Suite, Apt. #, etc.

28 **#111 WPB, FL**

9. Name and Address of Current Registered Agent

**GYSON, STEVEN M
2828 TENNIS CLUB DRIVE #208
WEST PALM BEACH FL 33417**

Apt 203

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

4. FEL Number

65-0713899

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 signature required when reinstating)

DATE

1/16/97

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **GYSON, STEVEN M**
STREET ADDRESS **2828 TENNIS CLUB DRIVE #208**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **D** ☐ DELETE
NAME **GYSON, LEONARD**
STREET ADDRESS **2828 TENNIS CLUB DRIVE #203**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **D** ☐ DELETE
NAME **GYSON, MITCHELL B**
STREET ADDRESS **4305 SIMMS AVENUE**
CITY-ST-ZIP **BALTIMORE MD**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **Apt 203**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **REINSTATEMENT 96-97**
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **02/12/97**
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP **100002088201--4**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS **02/14/97 01077-005**
5.4 CITY-ST-ZIP *****383.75 ***383.75**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/97

Date

Daytime Phone #

561-640-0430

FILED

97 FEB 12 PM 12:55

SECRETARY OF STATE



CR2E037 (3/96)