

FILE NOW: FILING FEE IS \$61.25

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**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90007 036 \*\*\*\*61.25

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**NONPROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # N98000002403**

1. Corporation Name  
**ULTIMATE TENNIS FOUNDATION, INC.**

Principal Place of Business  
**RON EHMANN PARK  
 10995 SW 97TH AVE  
 MIAMI FL 33116**

Mailing Address  
**PO BOX 163336  
 MIAMI FL 33116-3336**



2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified		
21		26	<b>04/24/1998</b>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
City & State		City & State		5. Certificate of Status Desired	
23		28	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
Zip		Zip		6. Election Campaign Financing	
24		29	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
Country		Country		9. Name and Address of Current Registered Agent	
25		30	<b>USA</b>		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
<b>CASELY, CARLOS 10280 SW 139TH CT MIAMI FL 33186</b>		81	Name		
		82	Street Address (P.O. Box Number is Not Acceptable)		
		83			
		84	City	85	Zip Code
			<b>FL</b>		

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]* **CARLOS CASELY** DATE: **4/27/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIRECTOR</b>	1.2 NAME	
STREET ADDRESS	<b>LEO Rolfe</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>10280 SW 139 CT MIAMI, FL 33186</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIRECTOR</b>	2.2 NAME	
STREET ADDRESS	<b>MYRNA CASELY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>10280 SW 139 CT MIAMI, FL 33186</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIRECTOR</b>	3.2 NAME	
STREET ADDRESS	<b>CARLOS CASELY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>10280 SW 139 CT MIAMI, FL 33186</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET 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: *[Signature]* **SIGNATURE REQUIRED** DATE: **4/27/99** DAYTIME PHONE: **(305) 225-0334**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)