## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # P02755 (7)  ISREAL TENNIS CENTERS ASSOCIATION, INC.  Principal Place of Business Mailing Address										
928 BROADWA		928 BROADWAY STE 900 NEW YORK NY 10010								
DEN JOHN N		Tom Hi horo								
2. Principal Pla		2a. Mailing Address	ص		4. FEI Number	Date Incorporated or Qualified 07/19/1984 3a. Date of Last Report 04/11/1995  FEI Number 13-2961273 Applied For Not Applicable Satisficate of Status Desired				
Suite, Apt. #	Hillsbore Blvd.	26 2151 V. H. Il Shore Suite, Apt. #, etc.	, 51	<b>*</b> C				· · · · · · · · · · · · · · · · · · ·		
<sub>2</sub> 5.	100	27 Stc 100					□ Fee	Required		
City & State  Deer C:	eld Beech, FLA	City & State  28 Deer field Box	ديد ,	FLA						
Zip	Country	Zip	Count		8. This corporati	on has liability for i		s. 199.032,		
4 33441-	9. Name and Address of Current	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	υ  <b>35 Γ</b>			-				
			8	Name				<del></del>		
•	ROSEN, ARNOLD				ddress (P.O. Box Numbe	ress (P.O. Box Number is Not Acceptable)				
	5812 WATERFORD BOCA RATON FL 33496			33			<del></del>			
DUUA KA	11011 I L 33480						last s	7in Code		
	•		l.	Gity			FL			
or registere familiar with	o the provisions of Sections 617.0502 and agent, or both, in the State of Florida th, and accept the obligations of, Section	<ul> <li>Such change was authorized to</li> </ul>	ine abovi by the co	u-named corj irporation's b	poration submits this sta loard of directors. Therel	mement for the pur by accept the appo	puse ut changing its bintment as registere	nogistered office ad agent. I am		
	Signature, typed or printed name of registered agent a			gent signature req	quired when reinstating)	PHANISE & 16 OFF		ORS INL12		
12.	OFFICERS AND	DIRECTORS DELETE	13.	Ę T						
TITLE NAME	ROSENSON, HAROLD		1.2 NAM			Stephen Lecker				
STREET ADDRESS	DRESS 2100 MAGNOLIA LANE			EET ADDRESS	3450 South	3450 South Ocean B1-d, Suite 606				
CITY-ST-ZIP	HIGHLAND PK IL	The ext		r-ST-ZIP			33487			
TITLE	SOLDNED VIAN	DELETE	2.1 7ifL	ľ			∟ unange	, D Addition		
NAME Street address	GOLDNER, ALAN 18 MAPLE TERRACE		2 2 NAN 2 3 STR	ME EET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	MAPLEWOOD NY			Y-ST-ZIP			<u> </u>	<u> </u>		
TITLE	VP	DELETE		.E			Change	Addition		
NAME	COHEN, MAURICE		3.2 NAN							
STREET ADDRESS	11 PARTRIDGE CIRCLE			EET ADDRESS						
CITY-ST-ZIP	PORTLAND ME	□ DELETE	3.4. CIT 4.1 TITL	Y-ST-ZIP E			Channe	Addition		
TITLE NAME	SELATI, SYDNEY	Poterit	4.1 ML	l.						
STREET ADDRESS	1265 LA JOLLA RANCHO RD			IEET ADDRESS						
CITY-ST-ZIP	la jolla ca		4.4 CIT	Y-ST-ZIP						
TITLE	VP	DELETE	5 1 TITU	1			Change	e 🔲 Addition		
NAME	COHEN, GERALD	W GATH STOEET	5.2 NAM							
STREET ADDRESS	GREENLEY CAPITAL CO.156 The NEW YORK NY	TE.OUTH SINEE!		KEET ADDRESS						
CHY-ST-ZIP TITLE	S	DELETE	6.1 TITI	+			☐ Change	e 🔲 Addition		
NAME	KEEFER, JOYCE E		6.2 NA		400	400001763104				
STREET ADDRESS	1221 OCEAN AVE, #1003			REET ADDRESS	-037	29/96010	086025			
CITY-ST-ZIP	SANTA MONICA CA	ofth this films is not up to	64 CIT	Y-ST-ZIP	***6	1.25	07/2)/Id. Florido Stol	futes I further -		
14. I do hereb certify that oath; that appears in	by certify that the information supplied wit the information indicated on this annual am an officer or director of the corps of Block 12 or Block 13 if changed for constant of the corps o	with this filing is voluntarily furnish all report or supplemental annual ration or the feceiver or trustee e on an attachment with an address	report is impowere s.	ed to execute	e this report as required	ature shall have the by Chapter 617, Fi	lorida Statutes; and t	that my name		
SIGNAT	TURE: All	lenke		phen Le	ecker	11/96				
JIGNA I	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER O	R DIRECT	ÓЯ		Date	Daytinie Pho	ne #		