

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---

DOCUMENT # **P29113** (8)

1. Corporation Name

**TENNIS INDUSTRY ASSOCIATION EDUCATION DIVISION,  
INCORPORATED**



Principal Place of Business <b>200 CASTLEWOOD DRIVE NORTH PALM BEACH FL 33408</b>	Mailing Address <b>200 CASTLEWOOD DRIVE NORTH PALM BEACH FL 33408-5804</b>
--	---

3. Date Incorporated or Qualified <b>04/30/1990</b>	3a. Date of Last Report <b>03/12/1996</b>
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>36-2995272</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RIDDLE, JOHN  
200 CASTLEWOOD DRIVE  
NORTH PALM BEACH FL 33408**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	<b>200002074432 -01/31/97--01007--046</b>
84 City	<b>***61.25 FL</b>
85 Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BAUGH, JIM</b>	1.2 NAME	<b>Kamperman, Kurt</b>
STREET ADDRESS	<b>8700 W. BRYN MAWR AVENUE</b>	1.3 STREET ADDRESS	<b>19 Pope Ave., Ste. 107</b>
CITY-ST-ZIP	<b>CHICAGO IL 60631</b>	1.4 CITY-ST-ZIP	<b>Hilton Head Island, SC 29938</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARGIN, RICK</b>	2.2 NAME	<b>Baugh, Jim</b>
STREET ADDRESS	<b>1 TENNIS COURT</b>	2.3 STREET ADDRESS	<b>8700 W. Bryn Mawr Ave.</b>
CITY-ST-ZIP	<b>BORDENTOWN NJ 08505</b>	2.4 CITY-ST-ZIP	<b>Chicago, IL 60631</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANTORUM, DAN</b>	3.2 NAME	<b>Margin, Rick</b>
STREET ADDRESS	<b>109 EXECUTIVE CENTER</b>	3.3 STREET ADDRESS	<b>1 Tennis Court</b>
CITY-ST-ZIP	<b>HILTON HEAD ISLAND SC 29938</b>	3.4 CITY-ST-ZIP	<b>Bordentown, NJ 08505</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HECKLER, TIM</b>	4.2 NAME	<b>Santorum, Dan</b>
STREET ADDRESS	<b>3535 BRIARPARK DR.</b>	4.3 STREET ADDRESS	<b>109 Executive Ctr. Dr.</b>
CITY-ST-ZIP	<b>HOUSTON TX 77042</b>	4.4 CITY-ST-ZIP	<b>Hilton Head Island, SC 29938</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FONTE, JILL</b>	5.2 NAME	<b>Heckler, Tim</b>
STREET ADDRESS	<b>121 COMMODORE DR.</b>	5.3 STREET ADDRESS	<b>3535 Briarpark Dr.</b>
CITY-ST-ZIP	<b>NEW SMYRNA FL 32169</b>	5.4 CITY-ST-ZIP	<b>Houston, TX 77042</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATTERSON, BRAD</b>	6.2 NAME	<b>Patterson, Brad</b>
STREET ADDRESS	<b>200 CASTLEWOOD DR.</b>	6.3 STREET ADDRESS	<b>200 Castlewood Dr.</b>
CITY-ST-ZIP	<b>N. PALM BEACH FL 33408</b>	6.4 CITY-ST-ZIP	<b>N. Palm Beach, FL 33408</b>

14. I 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 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.

SIGNATURE: \_\_\_\_\_ DATE: **1/3/97** 561/840-1127  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0040585

CR2E037 (9/96)