

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # P29113 (8)
 1. Corporation Name
TENNIS INDUSTRY ASSOCIATION EDUCATION DIVISION, INCORPORATED

Principal Place of Business 200 CASTLEWOOD DRIVE NORTH PALM BEACH FL 33408	Mailing Address 200 CASTLEWOOD DRIVE NORTH PALM BEACH FL 33408
--	--

3. Date Incorporated or Qualified
04/30/1990

4. FEI Number
36-2995272

Applied For
 Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
25 Country	30 Zip

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

RIDDLE, JOHN
200 CASTLEWOOD DRIVE
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
FL 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	D <input type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAUGH, JIM	1.2 NAME	Kamperman, Kurt
STREET ADDRESS	8700 W. BRYN MAWR AVENUE	1.3 STREET ADDRESS	19 Pope Ave., Ste. 107
CITY-ST-ZIP	CHICAGO IL 60631	1.4 CITY-ST-ZIP	Hilton Head Island, SC 29928
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGIN, RICK	2.2 NAME	
STREET ADDRESS	1 TENNIS COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	BORDENTOWN NJ 08505	2.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANTORUM, DAN	3.2 NAME	Ferman, Rick
STREET ADDRESS	109 EXECUTIVE CENTER	3.3 STREET ADDRESS	70 West Red Oak Lane
CITY-ST-ZIP	HILTON HEAD ISLAND SC 29938	3.4 CITY-ST-ZIP	White Plains, NY 10604
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECKLER, TIM	4.2 NAME	
STREET ADDRESS	3535 BRIARPARK DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77042	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORTE, JILL	5.2 NAME	
STREET ADDRESS	121 COMMODORE DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA FL 32169	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTERSON, BRAD	6.2 NAME	
STREET ADDRESS	200 CASTLEWOOD DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	N. PALM BEACH FL 33408	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, on an attachment with an address.

SIGNATURE: Brad Patterson Brad Patterson 1/5/98 561/840-1127

CR2E037 (10/97)