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Jan 22, 1999 8:00am
Secretary of State

01-22-1999 90053 035 ***150.00



DO NOT WRITE IN THIS SPACE

• PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P35297

1. Corporation Name

TENNIS FANTASY, LTD., INC.

Principal Place of Business

16750 NORTHEAST 35TH AVENUE
NORTH MIAMI BEACH FL 33160

Mailing Address

16750 NORTHEAST 35TH AVENUE
NORTH MIAMI BEACH FL 33160

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/29/1991

4. FEI Number

23-2291738

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

STERN, MORTON
16750 N.E. 35 AVE.
N. MIAMI FL 33160

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PCD**
STERN, MORTON
STREET ADDRESS **16750 N.E. 35TH AVENUE**
CITY-ST-ZIP **N. MIAMI BEACH FL**

TITLE ☐ DELETE

NAME **VSD**
STERN, MARILYN I.
STREET ADDRESS **16750 N.E. 35TH AVENUE**
CITY-ST-ZIP **N. MIAMI BEACH FL**

TITLE ☐ DELETE

NAME **STERN, MARILYN I.**
STREET ADDRESS **16750 N.E. 35TH AVENUE**
CITY-ST-ZIP **N. MIAMI BEACH FL**

TITLE ☐ DELETE

NAME **STERN, MARILYN I.**
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CITY-ST-ZIP **N. MIAMI BEACH FL**

TITLE ☐ DELETE

NAME **STERN, MARILYN I.**
STREET ADDRESS **16750 N.E. 35TH AVENUE**
CITY-ST-ZIP **N. MIAMI BEACH FL**

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

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 607, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/98 305 949 8300
Date Daytime Phone #

CR2E034 (11/98)