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PROFIT CORPORATION-ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris .

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000049016

1. Corporation Name

TENNIS THE BEST WAY, INC.

FILED
Apr 21, 1999 8:00 am
Secretary of State
04-21-1999 90113 020 ***150.00

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Principal Place of Business Mailing Address							A 81815 18111 6818	# 11 818 8 411 1 88 1
7:5042 ASHLEY LAKE DR 5042 ASHLEY LAKE DR APT 4-32 APT 4-32 BOYNTON BEACH FL 33437 BOYNTON BEACH FL 334			7			・ パキック ション 5cc ・ ・ 今に記す DO NOT WRITE IN THI	S SPACE	
บร		US 요한왕왕				3. Date Incorporated or Qualifed 06/30/1994		``_
2. Principal Place of Business 2a. Mailing Address 21						4. FEI Number 65-0504092	No	pplied For ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired	+	Additional equired
City & State City & State						6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip 24	Country 25		Coun	itry		This corporation owes the current year in Personal Property Tax.	ntangible Yes	□No
	9. Name and Address of C	urrent Registered Agent		i		10. Name and Address of New Registere	<u>d Agent</u>	
DEC	T DAME A		ľ	81	Name			
BEST, DAVID A 5042 ASHLEY LAKE DRIVE #4-32				82	Street Addre	ss (P.O. Box Number is Not Acceptable),	-	
Suite 12-34 Boynton Beach FL 33437			լ	83	City		. 85 Zip	Code
		•	ĺ	"	City	F		Ouc
12.		RS AND DIRECTORS	13.		t signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DÉLETE	1.1 TITL	Æ			Change	Addition
NAME	BEST, DAVID A		1.2 NAM	ИΕ		.,		
STREET ADDRESS	5042 ASHLEY LAKE DR #	4-32			ADDRESS		*	
CITY-ST-ZIP	BOYNTON BEACH FL	☐ DELETE	1.4 CIT		-ZIP		Change	Addition
TITLE	,	□ beceie	2.1 TIΠ. 2.2 NAM					
NAME	}		1		ADDRESS			
STREET ADDRESS CITY-ST-ZIP			2.4 CIT					
TITLE		☐ DELETE	3.1 TIR		1-21		Change	Addition
NAME			3.2 NAM	иE				
STREET ADDRESS			3.3 STR	EET.	ADDRESS			
CITY-ST-ZIP			3.4. CIT	Y-81	T-ZIP			
TITLE		☐ DELETE	4.1 TITL	E			☐ Change	Addition
NAME			4. 2 NA	ME				
STREET ADDRESS					ADDRESS			
CiTY-ST-ZIP		☐ DELETE	4.4 CIT		-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition
TITLE		☐ hereie	5.1 TITL 5.2 NAA				□ ∧ısıığe	☐ wongon
NAME	•				ADDRESS			
STREET ADDRESS			5.4 CIT					
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITL				Change	Addition
NAME		<u> </u>	6.2 NAA					_

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 attaction with an address with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

ME OF SIGNING OFFICER OR DIRECTOR