

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000070423 (6)

1. Corporation Name

JONAS KUSHNER TENNIS, INC.



Principal Place of Business

2069 FIRST ST
SUITE 201
FT MYERS FL 33901

Mailing Address

2069 FIRST ST
SUITE 201
FT MYERS FL 33901

3. Date Incorporated or Qualified
09/22/1994

3a. Date of Last Report
01/24/1995

2. Principal Place of Business

21 2071 FIRST ST.

2a. Mailing Address

26 P.O. Box 2200

4. FEI Number

65-0527315

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

22 City & State
FT MYERS

27 City & State
FT MYERS, FLA.

23 Zip
33901

Country

USA

28 Zip
33902

Country
U.S.A.

9. Name and Address of Current Registered Agent

KUSHNER, ROBERTA D
2069 FIRST ST
SUITE 201
FT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2077 FIRST ST. Suite 201

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME: KUSHNER, JEFFREY
STREET ADDRESS: 2069 FIRST ST SUITE 201
CITY-STATE-ZIP: FT MYERS FL 33901

12 NAME
13 STREET ADDRESS: 2077 FIRST ST. Suite 201
14 CITY-STATE-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME: KUSHNER, ROBERTA D
STREET ADDRESS: 2069 FIRST ST SUITE 201
CITY-STATE-ZIP: FT MYERS FL 33901

22 NAME
23 STREET ADDRESS: 2077 FIRST ST. Suite 201
24 CITY-STATE-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME:

32 NAME

STREET ADDRESS:

33 STREET ADDRESS

CITY-STATE-ZIP:

34 CITY-STATE-ZIP

TITLE:

4.1 TITLE

NAME:

42 NAME

STREET ADDRESS:

43 STREET ADDRESS

CITY-STATE-ZIP:

44 CITY-STATE-ZIP

TITLE:

5.1 TITLE

NAME:

52 NAME

STREET ADDRESS:

53 STREET ADDRESS

CITY-STATE-ZIP:

54 CITY-STATE-ZIP

TITLE:

6.1 TITLE

NAME:

62 NAME

STREET ADDRESS:

63 STREET ADDRESS

CITY-STATE-ZIP:

64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Robert D. Kushner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/95 (941) 337-3606
Date Daytime Phone #

CR2E034 (12/95)