

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 AUG -7 AM 11:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000083875 (2)

1. Corporation Name

MARK MUNSON TENNIS, INC.

Principal Place of Business

Mailing Address

5055 N.W. 7TH STREET, #1008B
MIAMI FL 33126

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MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

11/14/1994

4. FEI Number

65-0534509

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Does the corporation have a franchise?



**\$5.00 May Be
Added to Fees**

6. The corporation has liability for filing the tax under 5, 100, 602,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MUNSON, MARK A
5055 N.W. 7TH STREET, #1008B
MIAMI FL 33126**

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 of Registered Agent or Registered Agent's Representative)

(Signature of Registered Agent or Registered Agent's Representative)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL REGISTERED AGENTS

14. TITLE

PSTD

NAME

MUNSON, MARK A

STREET ADDRESS

5055 N.W. 7TH STREET, #1008B

CITY, ST, ZIP

MIAMI FL 33126

15. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

16. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

17. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

18. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

SIGNATURE:

Mark A. Munson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-30-95

305 644 5477