FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

VERO BEACH FL



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90003 008 ***150.00

DOCUMENT #	P94000085620
4 Comparation Name	. 0 .000000

WEST SIDE RACQUET CLUB, INC.

	•		
Principal Place of Business	-	·	
4291 5TH PLACE SW			

Mailing Address 4291 5TH PLACE SW VERO BEACH FL

DO NOT WRITE IN THIS SPACE

			84 City Vera	Beach	FL 85 Zip Code 32643
	VERO DEACH FL 32900		83		
4291 5TH PLACE S.W. VERO BEACH FL 32968		82 Street Address (P.O. Box Number is Not Acceptable) ZOI LIVE Oak Road			
	CAMPBELL, ALAN			ger A. Schwartz	
	9. Name and Address of	Current Registered Agent		10. Name and Address of New Regist	tered Agent
24	Zip Country 25	Zip C 29 30	ountry	 This corporation owes the current ye Personal Property Tax. 	ear Intangible □ Yes ☑No
23	<u> </u>	28		Trust Fund Contribution	Added to Fees
	City & State	City & State	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	\$5.00 May Be
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5, Certifcate of Status Desired	\$8.75 Additional Fee Required
21		26	<u> </u>	59-3300908	Not Applicable
2.	Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
		·. ን		3. Date Incorporated or Qualifed 11/23/1994	

office or registered agent, or both, in the State of Flyrida. 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 obligation of, Section 607.0505, Florida Statutes. agent. I am familiar with, and accept the obligation OFFICERS AND DIREC ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE ☐ Change LEON, ROBERTO C 1.2 NAME

12. TITLE Addition NAME 21 BLACKWOOD LANE STREET ADDRESS 1.3 STREET ADDRESS STAMFORD CT 06903 CITY-ST-ZIP 1.4 CITY-\$7-ZIP ☐ DELETE TITLE Change Addition 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE ☐ DELETE 3.1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE TITLE 4.1 TITLE ☐ Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE TITLE 5.1 TITLE ☐ Change ☐ Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE TITE F ☐ Change ☐ Addition 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

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 cha

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

203-329-1070