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

PROFIT **CORPORATION ANNUAL REPORT** 

1998

2. Principal Place of Business

SIGNATURE: 📈



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT** # P94000094354 (5)

TIME FOR TENNIS, INC.

Principal Place of Business Mailing Address 2900 W. SAMPLE RD. 2900 W. SAMPLE RD. POMPANO BEACH FL 33073 POMPANO BEACH FL 33073 DO NOT WRITE IN THIS SPACE

**FILED** 

May 06 1998 8:00am

Secretary of State

3. Date Incorporated or Qualified 01/01/1995

	Principal Place of Business					2a. Mailing Address						4. FEI Number	/	Applied For
21						26					L	65-0543043	<u></u>	Not Applicable
Suite, Apt. #, etc					Suite, Apt #, etc.						1	5. Certificate of Status Desired		Additional
22					27							6. Certificate of Status Desired	Fee I	Required
City & State					City & State							6. Election Campaign Financing	\$5.0	May Be
23					28						L	Trust Fund Contribution	Adde	d to Fees
Zip		c	ountry	<u></u>	, ` <del> </del>			ountry		1	8. This corporation owes or has paid the o	urrent year l	ntangible	
24			30			·		_	Personal Property Tax due June 30.		∐ No			
9, Name and Address of Current Registered Agent									<del>.</del>		_1	10. Name and Address of New Registers	d Agent	
HERMELE, KENNETH									N	ame				
11196 SANDPOINT TERRACE									S	treet Addre	ISS	s (P.O. Box Number is Not Acceptable)		
BOCA RATON FL 33428												<del> </del>		
									Ηō	ity			85 Zip	Code
										<u> </u>		F	<b>L</b>	
11. Pursuant	ions o	f Sections 607.0502	and 6	07.1508, da Such	Florida Statute	bove	ene	med corpo	rai	ation 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.														
SIGNATURE														
	Signatura, typied or printed name of registered agent and title if applicable (NOTL Registere								na In	gnature required	d w!			
12.			OFFICERS AND	DIREC			13.					ADDITIONS/CHANGES TO OFFICERS A		
TITLE	P (Mensor		44 FA 44 4 FFF 4		-	DELETE	1.11	ITLE					☐ Change	Addition
NAME	1								.2 NAME					1
STREET ADDRESS									.3 STREET ADDRESS					
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CITY - ST - ZIP							2.40	ITY-S	T-ZI	Р	_			
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STREET ADDRESS							4.3 S	TREET	ADD	ress				j
CITY-ST-ZIP							4.4 C	17Y-ST	T-ZIF	·				
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NAME							5.2 N	AME		-				1
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CITY-ST-ZIP							54 C	ITY - ST	1 - ZIF	,				\
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NAME							6.2 N	AME		Į.				Į.
STREET ADDRESS							6.3 S	TREET A	ADDI	RESS				!
CITY-ST-ZIP							64 C	TY-ST	r <u>-</u> zip	. [				_
14. I hereby c	ertify that th	e infor	mation supplied with	this fi	ling doe:	s not qualify fo	r the exe	empti	ion	stated in S	ec	ction 119.07(3)(i), Florida Statutes. I further	certify that th	e information
officer or o	director of th	e corp	ort or supplemental a poration or the receiv ged, or on an atlach	er or t	rustee or	npowered to d	urate ani ixecute t	u ina this re	epo	y signature ort as requir	e st	shall have the same legal effect as if made of by Chapter 607, Florida Statutes; and that	inder batri; ti t my name a	ppears in