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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jul 30 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000011878 (2)

SCHULTZ-MCCARTHY TENNIS, INC.

Principal Place of Business Mailing Address									T OBSESSOOT STOLENGE BUILD OF ISLANDS A DESIGN OF	Dille dalic i ele	40 i 1100 i 1010 ibi	
8401 CONGRESS AVE 1900 GLADES RD #450												
BOCA RATON FL 83487 BOCA RATON FL 33431-7									A Data Incorporated as O. alifi-		N	
									 Date Incorporated or Qualified 02/09/1995 		Date of Last f 7/09/1996	Heport
2. Principal Place of Business 2e. Mailing Address 21					ess				4. FEI Number 65-0563514		- 	pplied For
Suite, Apt. #, etc. Suite, Apt. #, etc.						P4-77						Additional
22		27					5. Certificate of Status Desired			beriupel		
City & State				City & State					6. Election Campaign Financing Trust Fund Contribution		•	May Be to Fees
Zip	Country			Zip Country				This corporation has liability for				
24	25			9 30						□ No	3. 100,002,	
g, Name and Address of Current Registered Agent									0. Name and Address of New R	egisterec	i Agent	
SCIARRETTA, STEVEN A						81	81 Name					
2300 GLADES RD						82	Street Ad	ddress	(P.O. Box Number is Not Accepta	able)		
STE 301-E BOCA RATON FL 33431						83						
	ON IMIONI	£ 00401				84	City	·			laal Sii	0.1.
						ΙI	•			Fl		Code
DIRECTOR OF	registerea ager	ns of Sections 607.050 nt, or both, in the State , and accept the oblig	i di Fidrida. S	uch change was	a nv	the corpo	corporat oration's	tion submits this statement for the s board of directors. I hereby acco	purpose opt the ap	of changing i	its registered registered	
SIGNATURE	arri ramilicar 47101	, and accept the oblig	ations of, sec	ulion 607.0505, F	ionua sia	ioles	٠.					
0.0.0.0.0	Signature, typed or	printed name of registered agr	ont and title if app	licable. (NO	TE Registere	d Age	nt signature re	equired w ⁾	hon reinstating)	DATE		
12.		OFFICERS AN	D DIRECTOR		13.				ADDITIONS/CHANGES TO OFF	CERS AN	ID DIRECTOR	RS IN 12
TITLE	D			☐ DELETE	1.1 Ti	TLE					Change	☐ Addition
NAME		TA, STEVEN A			1.2 N	AME						
STREET ADDRESS		DES RD, STE 301-E			1.3 \$	TREET	ADDRESS					
CITY-ST-ZIP		TON FL 33431			1.4 C	TY-S	T- ZIP					
TITLE	P	MOOARTING BROWN		☐ DELETE	2.1 TI	TLE					Change	Addition
NAME		MCCARTHY, BRENI	JA		2.2 NAI							
STREET ADDRESS		T CIR, #5110			2.3 \$	REET	ADDRESS					
CITY-ST-ZIP		EACH FL 33444		T perese	2 4 0		T - ZIP					
TITLE	VPT	V CEAN		☐ DELETE	3.1 Th		İ				Change	Addition
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STREET ADDRESS		EACH FL 33444					ADDRESS					
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NAME				C) beceit							L Change	☐ Addition
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NAME					6.2 N/						- Subulge	
STREET ADDRESS					1		ADDRESS					
CITY-ST-ZIP					- 1	ncci i IY-ST						

4. I do 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 Blook 12 or Block 13 if changed, or in parattachment with an address.