Apr 22, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000018419

1. Corporation Name

A & M 7	rennis & sporting god	DDS, INC.						
Principal Plac	e of Business	Mailing Address			I (80)(\$41 t)0 10101 011	51 M#131 mastr marts mart	ii iibdi inii: nihei	ii disa sasi i dai
1448 ALTON ROAD 9 ISLAND DR.								
MIAMI BEACH FL 33139 2102				20.41	The second of the second	COACE		
MIAMI BEACH FL 33139-13		361			OT WRITE IN THE	S SPACE		
		US			3. Date incorporated or C	Jualifed		ì
	·				03/07/1995		— г.	_
Principal Place of Business Address Address				4. FEI Number		 - 	plied For	
21 26				65-0561639		 +	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status De	sired	\$8.75 A		
27						Fee Re		
City & State City & State				6. Election Campaign Fin	• 1 I	\$5.00		
23		28			- Trust Fund Contributio		- Added to	o Fees
Zip	Country	Zip	Coun	iry	8. This corporation owes	•		
24	25	29	30		Personal Property Tax 10. Name and Address of			□No
	9. Name and Address of Curre	ent Registered Agent		Name	iv. Name and Address C	uaw registeret	ı vâeik	
AI IC	E KASTIN		`	Name				
ALICE KASTIN A&M TENNIS AND SPORTING GOODS INC. 9 ISLAND AVE STE 2102			[8	Street Add	iress (P.O. Box Number is Not	Acceptable)		
			-	-		 _		
			Į	33				[
MIM	MI BEACH FL 33139		f	4 City	·		85 Zip C	Code
<u> </u>						FI	<u>- </u>	
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the oblig	e of Florida, Such change was a	uthorized I	by the corporat	ion's board of directors. I here	by accept the appoint	ointment as reg	gistered
agent, ra SIGNATURE	<u> </u>							
SIGNATURE	Signature, typed or printed name of registered at	gent and title if applicable. (NOTE	: Registered A		ed when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered at OFFICERS A	gent and title if applicable. (NOTE	Registered A	gent signature requir		DATE	ND DIRECTO	RS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered at OFFICERS A	gent and title if applicable. (NOTE	Registered A	gent signature requir	ed when reinstating)	DATE		
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SIGNATURE 12.	Signature, typed or printed name of registered at OFFICERS A PT KASTIN, ALICE M 9 ISLAND AVENUE	gent and title if applicable. (NOTE	1.1 TITU 1.2 NAM 1.3 STR	gent signature requir	ed when reinstating)	DATE	ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A PT KASTIN, ALICE M 9 ISLAND AVENUE MIAMI BEACH FL 33139	gent and title if applicable. (NOTE ND DIRECTORS DELETE	13. 1.1 TITL 1.2 NAW 1.3 STRI 1.4 CITY	gent signature requir E E EET ADDRESS	ed when reinstating)	DATE	ND DIRECTOI ☐ Change	RS IN 12
SIGNATURE 12. TITLE *NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered at OFFICERS A PT KASTIN, ALICE M 9 ISLAND AVENUE MIAMI BEACH FL 33139 S	gent and title if applicable. (NOTE	13. 1.1 TITU 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITU	gent signature requir E E E E E E T ST-ZIP E	ed when reinstating)	DATE	ND DIRECTO	RS IN 12
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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 changed or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP