

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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90123 019 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000077174

1. Corporation Name

RICK MACCI TENNIS ACADEMY, INC.



Principal Place of Business

**3366 SPANISH MOSS TERR
FT LAUDERDALE FL 33319**

**US
3500 OAKS CLUBHOUSE DR
POMPANO BEACH FL 33069
32314**

Mailing Address

**6300 RACQUET CLUB DRIVE
FT LAUDERDALE FL 33319**

**8791 SONOMA LK BLVD
BOCA RATON FL 33434
33434**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1995

FEI Number

65-0351149

Applied For

Not Applicable

2. Principal Place of Business

8791 SONOMA LK BLVD

2a. Mailing Address

8791 SONOMA LK BLVD

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33434

Country

USA

Zip

33434

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**LAVIGNA, LISA MARIE
1 SOUTH OCEAN BLVD, SUITE 310
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

81 Name

LISA MARIE MACCI

82 Street Address (P.O. Box Number is Not Acceptable)

2555 Glades Rd., Suite 324 Atrium

83

84

City **Boca Raton**

FL

85

Zip Code **33431**

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]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PD
MACCI, RICK
6300 RACQUET CLUB DRIVE
FT LAUDERDALE FL 33319**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/99 **561-852-3829**
Date Daytime Phone #

CR2E034 (1/98)