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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 20 1998 8:00am

Secretary of State

Addition

1-13-00 345-931-9245

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000006259 (1)

TENNIS EVENTS, INC

TITLE

NAME

STREET ADDRESS

CIGNIATIIDE

officer or director of the corporation or the receiver or the Block 12 or Block 13 if changed, or on an attachment w

CITY-\$T-ZIP

Principal Place of Business Mailing Address 20533 BISCAYNE BLVD SUITE 4163 20533 BISCAYNE BLVD SUITE 4163 **AVENTURA FL 33180 AVENTURA FL 33180** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>01/17/1996</u> 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For 26 65-0640993 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip Country Ζıp Country ☐ No 30 Personal Property Tax due June 30. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Street Address (P.D. Box Number is Not Acceptable 81 LEHMANN, JOHN 20533 BISCAYNE BLVD SUITE 4163 82 **AVENTURA FL 33160** 83 84 VENTURA 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** (NOTE: Registered Agent signature required when reinstaling) Signature, typed or printed name of registered agent and little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. OFFICERS AND DIRECTORS DELETE Change Addition TITLE 11 TITLE DAVIDSON NAME LEHMANN, JOHN 1.2 NAME BISCAYNE 20533 BISCAYNE BLVD SUITE 4163 1.3 STREET ADDRESS STREET ADDRESS AVENTURA FL 33180 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition D 2.1 TITLE TITLE FRED STOLLE 2.2 NAME NAME STREET ADDRESS 20533 BISCAYNE BLVD., #4163 23 STREET ADDRESS AVENTURA FL 2 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 3.1 TITLE TITLE NAME JERRY LEADER 3.2 NAME 20533 BISCAYNE BLVD., #4163 3.3 STREET ADDRESS STREET ADDRESS AVENTURA FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change L Addition TITLE 41 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CiTY-ST-7IP CITY-ST-ZiP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Change

■ DELETE

6 1 TITLE

6.2 NAME

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 composition or the receiver or trester empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.3 STREET ADDRESS 6.4 CITY-S1-ZIP