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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000043596 (1)

MOT ONLY TENNIE INC

NOT ONLY TENNIS, INC.	
Principal Place of Business	Mailing Address
DAG ARTHUR GOODEN BOAR	ESO ADTUNO CONCOUN DOAD

FILED May 08 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						1, 41684 (116) 8(116)	(6112 6(1) 1831	
\$29 ARTHUR GODFREY ROAD 529 ARTHUR GODFREY ROAI MIAMI BEACH FL 33140 MIAMI BEACH FL 33140		DAD		DO NOT WRITE IN THIS SPACE				
ļ					3. Date Incorporated or Qualified			
Principal P	Place of Business	2a. Mailing Address			05/22/1996 4. FEI Number		Applied For	
<u> </u>				65-0668520		Not Applicable		
21 Same 26 Same Suite, Apt. #, etc. Suite, Apt. #, etc.					CO 75 Additional			
22 27				5. Certificate of Status Desired		Required		
City & Stat	в	City & State			6. Election Campaign Financing	\$5.00 May Be		
23		28			Trust Fund Contribution			
Zip	Country	Zip	Country		8. This corporation owes or has paid th			
24	9. Name and Address of Curre		30[Personal Property Tax due June 30. Yes No			
AIA	RINI, RONALD A	in riogistores Agent	8	Name /		noo Agont		
	COUTH BISCAYNE BLVD.		-		AREN DRESBACH			
t .	ME 3580		83	Street Add	dress (P.O. Box Number is Not Acceptable)	Rd.		
	WI FL		83	3	1			
			84	City M		85 7	p Code	
			l l	1770	iami Beach		3 <i>3/4(</i> 2) \	
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607 1508, Florida Statutes of Florida, Such change was au	s, the about	ve-named cor	poration submits this statement for the purpo ation's board of directors. I hereby accept the	se of changing appointment	its registered as registered	
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flor	ida Statute	es.	2/2	alan		
SIGNATURE	Signature, typed or printed name of registered ag	ont and fills if applicable (NOTE:	Registered Ag	gent signature requ	uired when reinstaling)	9/98 ATE		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	Addition	
NAME	DRESBACH, ARTHUR L		1.2 NAME	i			<u> </u>	
STREET ADDRESS	529 ARTHUR GODFREY RD.		1	T ADDRESS			ļį	
CITY-ST-ZIP	MIAMI BEACH FL 33140	DELETE	1.4 CITY - 2.1 TITLE	ST-ZIP		Change	Addition	
NAME	DRESBACH, KAREN A		2.1 TITLE 2.2 NAME	. }		L_J Change	, CJ Addition	
STREET ADDRESS	529 ARTHUR GODFREY RD.			T ADDRESS				
CATY-ST-ZIP	MIAMI BEACH FL 33140		2.4 CITY	i				
TITLE	Wall DE TOTT COTTO	DELETE	3.1 TITLE	- J		Change	Addition	
NAME			3.2 NAME]	
STREET ADDRESS			3 3 STREE	T ADDRESS			}	
CITY-ST-ZIP			3.4. CITY	-ST-ZIP				
TITLE		DELETE	4.1 TITLE			Change	Addition	
NAME			4. 2 NAME	1			Į.	
STREET ADDRESS				T ADDRESS				
CATY-ST-ZIP		DELFTE	4.4 CITY- 5.1 TITLE	ST-ZIP		Change	Addition	
TITLE		☐ bettie				L CHAINGE	L) Addition	
NAME CONCEY ADODECC			5.2 NAME	T ADDRESS				
STREET ADDRESS CITY-ST-ZIP			5.4 CITY	1			}	
TITLE		DELETE	61 TITLE	01-24		Change	Addition	
NAME		hand armen a	6.2 NAME	j				
STREET ADDRESS			•	T ADDRESS			į.	
CITY-ST-ZIP			6.4 City-	ì				
44 15000		30 70 5 45 and 10 and 1			C			