

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90240 012 ***150.00

DOCUMENT # P97000051942 (5) ✓

1. Corporation Name
THE RACQUET TENNIS CENTER INC.



Principal Place of Business Mailing Address
2640 Paige Ave. 2640 Paige Ave.
New Smyrna Bch, FL New Smyrna Bch, FL
32168 32168

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
The Racquet Tennis Center Inc. the Racquet Tennis Center Inc.
Suite, Apt. #, etc. Suite, Apt. #, etc.
2640 Paige Ave. 2640 Paige Ave.
City & State City & State
New Smyrna Beach, FL New Smyrna Beach, FL
Zip Zip Country Country
32168-8479 USA 32168-8479 USA

3. Date Incorporated or Qualified
06/11/1997
4. FEI Number Applied For
59-3449943 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$5.00 May Be Added to Fees
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
POTEET, JIM
829 7TH AVE
NEW SMYRNA BCH FL 32169

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 James H. Poteet DATE 5-14-99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	0 POTEET, JIM 829 7 AVE NEW SMYRNA BCH FL 32169	<input type="checkbox"/> DELETE
ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 supplement 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 in an attachment with an address.

SIGNATURE: James H. Poteet DATE: 5-14-99 (904) 427-7789

CR2E034 (10/97)