FILE NOW: FILING FEE AFTFR MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Jun 15 1998 8:00am
Secretary of State

[redacted]

DOCUMENT # P97000064682 ( )

1. Corporation Name

THE TENNIS BAR CORPORATION
3699 AIRPORT ROAD, NORTH
NAPLES, FLORIDA 34105

Principal Place of Business	Mailing Address
3699 AIRPORT ROAD,N NAPLES, FLORIDA 34105	3699 AIRPORT ROAD, N NAPLES, FLORIDA 34105

3. Date Incorporated or Qualified	3a. Date of Last Report
8/15/97	N/A

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

4. FEI Number: APPLIED FOR — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

MAX A. HOLCHER
600 FIFTH AVENUE SOUTH
SUITE 303
NAPLES, FLORIDA 34102

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 [signature] 5-28-98
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	PRESIDENT	[ ] DELETE
NAME	DR. GERARDO SANTIAGO	
STREET ADDRESS	3699 AIRPORT ROAD, NORTH	
CITY-ST-ZIP	NAPLES, FLORIDA 34105	
TITLE	VICE-PRESIDENT	[ ] DELETE
NAME	CARLOS PEREZ	
STREET ADDRESS	3699 AIRPORT ROAD, NORTH	
CITY-ST-ZIP	NAPLES, FLORIDA 34105	
TITLE	TREASURER	[ ] DELETE
NAME	MAX A. HOLCHER	
STREET ADDRESS	600 FIFTH AVE. S STE 303	
CITY-ST-ZIP	NAPLES, FLORIDA 34102	
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		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME	6/15	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	600002550221	[ ] Change [ ] Addition
6.2 NAME	-05/17/98--01008--032	
6.3 STREET ADDRESS	***158.75	
6.4 CITY-ST-ZIP		

CR2E031 (9/96)

14. I do 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.

[signature]