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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 07 1998 8:00am

Secretary of State

I 18 filiðar þjá kálur 1864 arkir áðrum áðrir barki 1884 þáðaði skála þálar álváð þur haðir

941-505-1055

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000071953 (8)

TED MURRAY TENNIS, INC.

Died die		44 (Co. 4 of 1)			BIOL BEST (BOOL)	(EHE 1918) DV	(88 (111 (88)
1	e of Business	Mailing Address			• • •		
101 NORTH MARION COURT 101 NORTH MARION COURT			AT				
SUITE 213 PUNTA GORDA FL 33950		Suite 213 Punta Gorda Fl 33950		DO NOT WRITE IN THIS SPACE			
FUNIA GONL	JA FE 33500	FUNIA GONDA FE SSEO	PUNIN GONDA PE 33300		3. Date Incorporated or Qualified		
}				08/20/1997			
2. Principal F	Place of Business	2a, Mailing Address		4. FEI Number		TA	pplied For
21		26 P. O. Drawe	r 511447	65-0775551		 	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					Additional
22		27		5. Certificate of Status Desired			equired
City & State		City & State		6. Election Campaign Financing \$5.00 May Be			
23		28 Punta Gorda, FL		Trust Fund Contribution			to Fees
Zŧp	Country	Zip	Country	8. This corporation owes or has p	paid the curre		
24	26	29 33951-1447	30 USA	Personal Property Tax due Jun	-		No.
	9. Name and Address of Curre			10. Name and Address of New R		gent	
AM	IERILAWYER CHARTERED		81 Name				
	3 ALMERIA AVENUE). Hackett II			
CORAL GABLES FL 33134				ress (P.O. Box Number is Not Accepte aw Firm	(Die)		
0	MAL GABLES PL 33 (34		83	MA TITH			
			Post 0	ffice Drawer 511447			
			84 City		FL	85 Zip	Code 3951-144
## District	to the act defend on the control of	20 and COT 1500 Flacido Ctat de	Punta	Gorda		33	3951-144
office or i	registered eyent a born, riving Stat	e of Florida Such change was at	s, the above-hamed corporal	poration submits this statement for the tion's board of directors. I hereby according to the tion's board of directors and the tion's board of directors.	ept the appoi	ntment as	registered
agent. I a	rm familiar with fant focets the oblig	ations of, Section 607.0505, Flor	ida Statutes.	·			Ī
SIGNATURE			<u>ack O. Hacket</u>		4/22/9) 8	
		gent and little if applicable (NOTE: ND DIRECTORS	Regislered Agent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFF			20 11 40
12.	PŜTD OFFICERS AF	DELETE	13.	ADDITIONS/CHANGES TO OFF		Change	Addition
		C Detter				Ulaliyo	L. Abdition
NAME	MURRAY, TED J	•	1.2 NAME				
STREET ADDRESS	101 NORTH MARION COURT	'	1.3 STREET ADDRESS				
CITY-ST-ZIP	PUNTA GORDA FL 33950	- December	1.4 CITY-ST-ZIP		 -	10	T A July
TITLE		☐ DELETE	2.1 TITLE		L	Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS			23 STREET ADDRESS				ı
CITY-ST-ZIP			2 4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE		Ĺ	Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADORESS			4.3 STREET ADDRESS				ľ
CITY-ST-ZIP			4.4 CITY-ST~ZIP				
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				1
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-\$T-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	61 TITLE			Change	Addition
					_		
NAME			62 NAME				ļ
STREET ADDRESS			6.3 STREET ADDRESS				

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 arrival 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 estachment with an address.