

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Kendra B. Mariner
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

05 MAY -1 AM 10:01

REGISTRY & FEE COVE
TALLAHASSEE, FLORIDA

DOCUMENT # **S25653** (4)

1. Corporation Name
ADLER TENNIS CORP.

Principal Place of Business: **10001 SW 82 AVE. MIAMI FL 33156 US**
Mailing Address: **10001 SW 82 AVE. MIAMI FL 33156 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Changed: **01/17/1991** 3a. Date of Last Report: **03/08/1994**
4. FEI Number: **65-0237784** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$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. 199.037 Florida Statutes. Yes No

2. Principal Place of Business: 2a. Mailing Address:
21 State: Apt. # etc. 26 State: Apt. # etc.
22 City & State 27 City & State
23 Zip 25 Locality 29 Zip 30 Locality

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEITMAN, LORN, ESQ.
7700 N. KENDALL DRIVE
SUITE 415
MIAMI, 33156**

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 607.01(2)(c) 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 607.01(2)(c), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME	P ADLER, PAUL 10001 SW 82 AVE. MIAMI FL	TYPE OF CHANGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP ADLER, SHERRI 10001 SW 82 AVE. MIAMI FL	TYPE OF CHANGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TYPE OF CHANGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TYPE OF CHANGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		TYPE OF CHANGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TYPE OF CHANGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.03(1)(b) Florida Statutes. Further, I certify that the information furnished 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 in this report. I hereby empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached sheet, as an address.

SIGNATURE: *Paul Adler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95 305-279-8943