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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

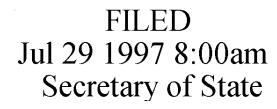
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S25653

(4)

ADLER TENNIS CORP.

Principal Place of Business Mailing Address





| 10001 SW 82 A MIAMI FL 33156 US | | 10001 SW 82 AVE. Miami FL 33156-2514 US | | | | |
|---|---|---|-------------------------|---|--|---|
| | | | | | 3. Date Incorporated or Qualified 01/17/1991 | 3a. Date of Last Report 04/29/1996 |
| · · | ace of Business | of Business 2e. Mailing Address | | | 4. FEI Number | Applied For |
| 21 | | 26 | | | 65-0237784 | Not Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27 | | | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | City & State | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip 24 | Country 25 | Zip 29 | Counti | У | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No | |
| | 9. Name and Address of Cur | rrent Registered Agent | | | 10. Name and Address of New Reg | istered Agent |
| | Man, Lorn, Esq. | | 81 | Name | | |
| 7700 N. KENDALL DRIVE SUITE 415 | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| MAN | AI, 3 3156 | | 83 | 3 | | |
| | | | 84 | City | | FL 85 Zip Code |
| office or re | o the provisions of Sections 607. gistered agent, or both, in the Si n familiar with, and accept the of | late of Florida. Such change was | authorized b | v the corpora | poration submits this statement for the pustion's board of directors. I hereby accept | rpose of changing its registered the appointment as registered |
| SIGNATURE | Signature, typed or printed name of registerior | Lagent and tise if applicable (NC | OTE: Registered Ap | geril signature requ | ired when re-instaling) | DATE |
| 12. | | AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICE | ERS AND DIRECTORS IN 12 |
| THLE | Р | ☐ DELETE | 1 1 TITLE | | | Change Addition |
| NAME | ADLER, PAUL | | 1.2 NAME | | | |
| STREET ADDRESS | 10001 SW 82 AVE. | | 1 3 STREE | 1 ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | | 1.4 C/TY- | ST-ZIP | | |
| TITLE | VP. | | | | | Change Addition |
| NAME | ADLER, SHERRI | | 2 2 NAME | | | |
| STREET ADDRESS | 10001 SW 82 AVE. | | 2.3 STREE | T ADDRESS | | |
| CITY-ST-ZIP | MAMI FL | | 2. 4 CITY | ST-ZIP | | |
| TITLE | | ☐ DELETE | 3 1 TITLE | | | Change Addition |
| NAME | | | 3.2 NAME | | | |
| STREET ADDRESS | 1 | | | T ADDRESS | | |
| CITY-ST-ZIP | | DELETE | 3.4 CITY | S1 - ZIP | | |
| TITLE | | - DECEIE | 4.1 TITLE | | | ☐ Change ☐ Addition |
| NAME | ŀ | | 4. 2 NAM | | | • |
| STREET ADDRESS | İ | | | T ADDRESS | | |
| CITY-ST-ZIP TITLE | | DELETE | 4.4 CITY- | ST-ZIP | | Change Addition |
| NAME | | | 5.1 TITLE | | | Change Addition |
| STREET ADDRESS | * | | 5.2 NAME | | | |
| | | | | T ADDRESS | | |
| CITY-ST-ZIP TITLE | | DELETE | 5.4 CITY - 6.1 TITLE | 51-211 | | Change Addition |
| NAME | | _ 022271 | 6.2 NAME | | | T overing T variation |
| STREET ADDRESS | | | 1 | TADODECC | | |
| | | | | T ADDRESS | | |
| CITY-ST-ZIP | | P 1 - 20 - 10 2 - CP 1 | 6.4 CITY - | SI-ZIP | 11. 0 440 07/0V/3 Ft. 14 0 | |

I do riereoy ceruity that the information supplied with this filling 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 by director of the corporation or the receivery true compowered 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 or an attroching true in an address.