SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 0/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUL 18 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S71841** **(8)**

1. Corporation Name

COURTSIDE MANAGEMENT GROUP, INC.

Principal Place of Business	Mailing Address
3664 ALDER DR. APT. G-2 W. PALM BCH. FL 33417 US	3664 ALDER DR. APT. G-2 W. PALM BCH. FL 33417 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/05/1991
3a. Date of Last Report: 07/05/1994

2. Principal Place of Business	2a. Mailing Address
21 JUPITER BAY T.C.	26 JUPITER BAY T.C.
22 Suite, Apt. #, etc. 353 S US HWY ONE	27 Suite, Apt. #, etc. 353 S US HWY ONE
23 City & State JUPITER, FL	28 City & State JUPITER, FL
24 Zip 33477 25 Country PALM BEACH	29 Zip 33477 30 Country P.B.

4. FEI Number: 65-0320695 ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PERRIN, ROBERT F. 3664 ALDER DR. APT. G-2 W. PALM BCH. FL 33417	81 Name ROBERT F. PERRIN % TENNIS CLUB 82 Street Address (P.O. Box Number is Not Acceptable) 353 S US HWY ONE 83 84 City JUPITER FL 85 Zip Code 33477

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 _____ DATE
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS PERRIN, ROBERT F. 3664 ALDER DR., APT. G-2 W. PALM BCH. FL	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☑ Change ☐ Addition PS ROBERT F. PERRIN, TENNIS CLUB 353 S US HWY ONE JUPITER, FL. 33477
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[illegible]	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PERRIN, FREDERICK H. 334 MEADOWBROOK VALLEY HUNTINGDON VALLEY, PA 19006	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PERRIN, NOREEN M.A. 334 MEADOWBROOK VALLEY HUNTINGDON VALLEY, PA 19006	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Robert F. Perrin ROBERT F. PERRIN 7/13/95 744-9424 (407)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003332 CP