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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name V41352

(8)

RACQUET CENTERS, INC.

Mailing Address

Principal Place of Business

## **FILED** May 05 1998 8:00am Secretary of State



PEMBROKE PINES FL		PEMBROKE PINES FL						
= <del>-</del> <del></del>	, =						E IN THIS SPACE	
					3. Date Inc. 06/03	orporated or Qualified 1992		
2. Principal Place of Business		ailing Address		<u>.</u> .	4, FEI Num			Applied For
21 1536 NW 113 U		536 NW	lis w	ay_	65-0	355235		Not Applicable
Sulte, Apt. #, etc.	27	uite, Apt. #, etc.			5. Certificat	e of Status Desired	****	5 Additional Required
City & State Pin	4S 28 - R	City & State 28 Tembroke Pines.			6. Election Campaign Financing \$5.00 May to Added to Fee			
Zip 33026 Coun	.\ <b>&lt;</b> ∆ ⊢— •	33026	Countr	.۶۸گ	B. This corp	oration owes or has p		
24 25	ress of Current Register		30 L	יאכנ		Property Tax due Jur nd Address of New F		☐ No
BROWN, DAVID	1688 Of COLLEGE MARIETAL	eu Agent	8.	Name		-	1	
1350 NORTHWEST 123RD AVENUE				Brown, Pavid				
PEMBROKE PINES FL			Street	Address (P.O. Box N	lumber is Not Accept	able)		
I EMBROIL I IIICO I C			83	15	36 NW	113 Wa		
			84		<del>50 /00</del>	119 000		ip Code
				" 4	rembroke	L Pines	FL I is	9661
11. Pursuant to the provisions of Se office or registered agent, or bo agent. I am familiar with, and ac	ctions 607.0502 and 607.	1508, Florida Statut	es, the abo	ve-named	corporation submits	this statement for the	purpose of changin	g its registered
agent. I am familiar with, and ac	cept the obligations of, S	ection 607.0505, Flo	orida Statute	98.	poration's board or o	illebiols. Thereby acc	ept trie appointment	as registered
SIGNATURE and a	E. Brown							
	me of registered agent and title if a OFFICERS AND DIRECTO	·	E Registered A	gent signature	required when reinstating)	IS/CHANGES TO OFF	DATE	ORS IN 12
12.	OF MOENS AND DIRECTO	DELETE	1.1 TITLE		I		Chan	
NAME BROWN, DAVID			1.2 NAME		Brown , 7	کمیازه 💎		_
STREET ADDRESS 1350 N.W. 123P	D AVENUE			T ADDRESS	15 86 NW	113 way		
CITY-ST-ZIP PEMBROKE PIN	ES FL		1.4 CiTY-		Pembrok	e Piras +	1. 3302	( <b>,</b>
TITLE STD		☐ DELETE	2 1 TITLE	<u> </u>			<b>∠</b> Chan	ge Addition
NAME BROWN, ANN			2.2 NAME		Brown	Ann		
STREET ADDRESS 1350 N.W. 123F			2.3 STRE	ET ADDRESS	1536 NU	الق سمي		
CITY-ST-ZIP PEMBROKE PIN	ES FL		2.4 CITY	-ST-ZIP	Pembro	ka Pines		بار ا
TITLE		DELETE	3.1 TITLE			•	L. Chan	ge 🔲 Addition
NAME			3.2 NAME					
STREET ADDRESS				et address				
CITY-ST-ZIP		DELETE	3.4. CITY				Chan	ge Addition
TITLE			4.1 TITLE 4.2 NAM		:		Chang	ge
NAME				ET ADORESS				
STREET ADDRESS			4.4 CITY					į
CITY-ST-ZIP TITLE	<del></del>	DELETÉ	5.1 TITLE				☐ Chan	ge Addition
NAME			5.2 NAME					_
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			5.4 CITY					
TITLE		☐ DELETE	6.1 TITLE				☐ Chan	ge Addition
NAME			6.2 NAME	:				
STREET ADDRESS			6.3 STRE	ET ADDRESS				
CITY-ST-ZIP			6.4 CITY	ST-ZIP				

14. Thereby 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.

11. 1 20 00 (Ocu) 422-3050