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FILE NOW: FILING FEE AFTER MAY 1ST 13 \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V41352**

1. Corporation Name

RACQUET CENTERS, INC.

Principal Place	e of Business	Mailing Address								
1536 NW 113TH WAY PEMBROKE PINES FL 33026 US			1536 NW 113TH WAY PEMBROKE PINES FL 33(26 US				DO NOT WRI	TE IN THIS	SPACE	
		ŲS				3. Date Incorporated or Qualifed				
						06/03/19				
2. Princinal Pi	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			Applied For	
54]	000 01 000111000	<u> </u>	26			65-0355235				Not Applicable
Suite, Act.	#. etc.	Suite, Apt. #, etc.								Additional
22		⊢ '``	27			5. Certifcate	of Status Desired			Required
City & State	9		City & State			6 Election Ca	ampaign Financing		\$5.0	0 May Be
23		├ ──	28			Trust Fund Contribution Added to Fees				
Zip	Cour try	Zip	Country				ration owes the curi	ent vear in	tangible	
24	25	29	30			,	roperty Tax.	o , o a	☐ Yes	Z No
	9. Name and Address of Cu			1			Address of New I	Registere d	Agent	
				81	Name					
BROWN, DAVID				\sqcup						
	NW 113TH WAY		82 Street			ress (P.O. Bo) Nu	mber is Not Accept	able)		
	BROKE PINES FL 33026			83						
1 \$41711				55						
				84	City			FL	85 Zi	p Code
11. Pursuant	to the provisions of Sections 607	0502 and 607.1508. Florida Sta	ati tes, the a	bove	-named corr	poration submits th	is statement for the	purpose of	changing i	its registered
office or re	egistered agent, or both, in the S m familiar with, and accept the ol	tate of Florida. Such change wa	is authonze	d by t	ne corporati	ion's board of direc	tors. I hereby acce	pt the appo	intment as	registered
SIGNATUF:E										
	Signature, typed or printed name of registere				signature require	ed when reinstating)	/CHANGES TO OF	DATE A	ND DIREC	TODS IN 12
12.		S AND DIRECTORS	13.			ADDITIONS	CHANGES TO OF	FICERS 4	Chang	
TITLE	PD DAVID	☐ DELETE								e 🖸 Addition
NAME	Brown, David			1.2 NAME						
STREET ADDRESS	1536 NW 113TH WAY		1.3 S	1.3 STREET ADDRESS						
CITY-ST-ZIP	PEMBROKE PINES FL 33026			1.4 CITY-ST-ZIP						
TITLE	STD DELETE		2.1 T	2.1 TITLE					Chang	e Addition
NAME	Brown, ann		2.2 N	2.2 NAME						1
STREET ADDRESS	1536 NW 113TH WAY		2.3 S	2.3 STREET ADDRESS						
CITY-ST-ZIP	PEMBROKE PINES FL 3302	26	2. 4 CITY-ST-ZIP							
TITLE	☐ DELETE		31T	31 TITLE					Chang	e
NAME			3.2 N	IAME						į
STREET ADORESS			3.3 S	TREET	ADDRESS					į
CITY-ST-ZIP			3.4. 0	CITY-ST	r-ZIP					
TITLE		☐ DELETE							Chang	e Addition
NAME			4.21	NAME						
STREET ADDRESS			4		ADDRESS					İ
CITY-ST-ZIP			- 1	ITY-ST						
TITLE		☐ DELETE							☐ Chang	e Addition
NAME			52 N							
					ADDRESS					
STREET ADDRESS			1	ITY-ST						-
CITY-ST-ZIP		DELETE							Chang	e Addition
TITLE			62 N							- Lindigoli
NAME					. DODECO					
STREET ADDRESS			6.3 S	REET.	ADDRESS					

14. I herety certify that the informa ion 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, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE:

CITY-ST-ZIP

954-433-3059