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

CITY-ST-ZIP

**FILED PROFIT** FLORIDA DEPARTMENT OF STATE Apr 22 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #
1. Corporation Name SCOTT EHRLICH TENNIS, INC. Principal Place of Business Mailing Address 18900 NE 25TH AVE 18900 NE 25TH AVE N MIAMI BEACH FL 33180 N MIAMI BEACH FL 33180 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/06/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0360736 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name MUCHNICK, SANFORD L. 4000 HOLLYWOOD BLVD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 610-N 83 HOLLYWOOD FL 33021 84 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DPT DELETE TITLE 1.1 TITLE Change Addition **EHRLICH, SCOTT** NAME 1.2 NAME 2349 NW 34TH WAY STREET ADDRESS 1.3 STREET ADDRESS **COCONUT CREEK FL 33066** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition EHRLICH, SCOTT 2.2 NAME 601 LYONS RD #7102 STREET ADDRESS 2.3 STREET ADDRESS **COCONUT CREEK FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4 1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIF 4.4 CITY - ST - 7/P DELETE TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP **-04/**22/98--01063--001 DELETE TITLE 6.1 TITLE NAME 6.2 NAME \*\*\*150.00 STREET ADDRESS 6.3 STREET ADDRESS

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 of the exercise 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 of the exercise report is true and accurate and that my name appears in Block 12 or Block 13 if changed, or or an attachment with any address.

305/27-4200