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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **V70226**

1. Corporation Name

SCOTT EHRLICH TENNIS, INC.

Principal Flace of Business	Mailing Address				
18900 NE 25TH AVE	18900 NE 25TH AVE				
N MIAMI BEACH FL 33180	N MIAMI BEACH FL 33180				

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90245 001 ***150.00



					DO NOT WRITE IN THIS SPACE						
						3. Date incorporated or Qualifed 10/06/1992					
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Apolied For		
21		26				65-0360736			Not Applicable		
Suite, /.pt.	#, etc.	Suite, Apt. #, etc.						\$8.75	F,dditional		
22		27			1	Certificate of Status Desire	ed 🗌	Fee	Required		
City & Stat	e	City & State				6. Election Campaign Finance	zina _	\$5.0	0 May Be		
23		28				Trust Fund Contribution	9 🗌		d to Fees		
Zip	Country	Zip	Count	ry		g. This corporation owes the	current year	Intangible			
24	25	<u>├</u> ── ा ं	30			Personal Property Tax.	our on your	☐ Yes	□No		
	9. Name and Address of Curre		1991			10. Name and Address of N	ew Register	ed Agent			
	3 .		8	1 Na	me						
MUCHNICK, SANFORD L.						<u></u>					
4000 HOLLYWOOD BLVD			8	82 Street Address (P.O. Bo:: Number is Not Acceptable)					1		
	SUITE 610-N			3							
HOLLYWOOD FL 33021			Į°	٦					Į.		
HOL	C1110001 L 33021		8	4 Cit	v —			85 Zi	o Code		
					,		F	·L `L.			
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, it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											
•									{		
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOT	: Registered Ag	ent signa	ture required w	hen reinstating)	DATE		——		
12.	OFFICERS AN	NE) DIRECTORS	13.			ADDITIONS/CHANGES TO	OFFICERS	AND DIRECT	OF S IN 12		
TITLE	DPT	☐ DELETE	1.1 TITLE	1.1 TITLE				☐ Change	e		
NAME	EHRLICH, SCOTT		1.2 NAME								
STREET ADDRESS	2349 NW 34TH WAY		1.3 STRE	ET ADDRI	ESS						
CITY-ST-ZIP	COCONUT CREEK FL 33066		14 CITY-						ì		
TITLE	S	☐ DELETE	2.1 TITLE		-+-			☐ Change	Addition		
NAME	EHRLICH, SCOTT		2.2 NAME						- (
	601 LYONS RD #7102										
STREET ADDRESS			2.3 STRE		E55				į		
CITY-ST-ZIP	COCONUT CREEK FL	DELETE	2. 4 CITY		_+			☐ Change	Addition		
TITLE		☐ DELETE	3.1 TITLE					☐ Chang	- LI ACCILLON		
NAME			32 NAME						1		
STREET ADDRES S			3.3 STRE	ET ADDR	ESS]		
CITY-ST-ZIP		34.		ST-ZIP		<u> </u>		- 			
TITLE	☐ DELETE		4.1 TITLE	4.1 TITLE				Change	e ☐ Addition		
NAME			4. 2 NAM	Ē					i		
STREET ADDRESS			4.3 STRE	ET ADDRI	ESS				ļ		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	1				Ì		
TITLE		☐ DELETE	5.1 TITLE					☐ Change	Addition		
NAME			5.2 NAME						{		
STREET ADDRESS			5.3 STRE	ET ADDRI	ESS						
			5.4 CITY-								
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		_+_			Change	Addition		
TITLE		ריו הבונגוב						☐ Change	: Maningu		
NAME /			6.2 NAME			Λ			}		
STREET ADDRES	lu.		6.3 STRE		ESS /	1					
CITY-ST-ZIP			6.4 CITY-	ST-ZIP	$\perp \perp L$	<u> </u>					

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 supplied ental annual report is true and acceptate and that my signature shall have the same legal effect as if made uncer oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as red fred by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or option attachment with an address, with all other like empowered.

SIGNATURE: