FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F52617** **(0)**

1. Corporation Name

BASKETBALL WORLD, INC.

Principal Place of Business	Mailing Address
~~6 HITCHING POST LANE~~ ~~WILBRAHAM MA 01095-1712~~ 955 Russell Ave Suffield CT 06078	~~6 HITCHING POST LANE~~ ~~WILBRAHAM MA 01095-1712~~ 955 Russell Ave Suffield CT 06078

3. Date Incorporated or Qualified: **11/04/1981**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address
21 955 Russell Ave	26 955 RUSSELL AVE
Suite, Apt. #, etc. 22 Suffield	Suite, Apt. #, etc. 27 SUFFIELD CT
City & State 23 Connecticut 06078	City & State 28
Zip 24 06078	Country 25 USA
Zip 29 06078	Country 30 USA

4. FEI Number: **56-1373708** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: ☒ **$8.75** Additional Fee Required
ASAP, Please

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

ALDRICH, WES
3101 NW 54TH AVE
GAINESVILLE FL 32606-1754

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 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: WES ALDRICH — 4-1-96 DATE
Signature, typed or printed name of registered agent, and date. (Required)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WISSEL, HAROLD R		1.2 NAME	
STREET ADDRESS	6 HITCHING POST LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	WILBRAHAM MA		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WISSEL, GERTRUDE J		2.2 NAME	
STREET ADDRESS	6 HITCHING POST LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP	WILBRAHAM MA		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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: Gertrude J Wissel — 4-21-96 Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gertrude J. Wissel

CR2E034 (12/95)