

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000001098 (3)**

1. Corporation Name

ORLANDO BASEBALL CLUB, INC.



Principal Place of Business

**287 TAMPA AVENUE SOUTH
SUITE 2017
ORLANDO FL 32805
US**

Mailing Address

**435 N. MICHIGAN AVENUE
STE 600
CHICAGO IL 60611-4001
US**

3. Date Incorporated or Qualified
03/01/1993

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

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

23. Zip Country

24. Country

2a. Mailing Address

26. State, Apt. #, etc.

27. City & State

28. Zip Country

29. Country

4. FCI Number
59-3155559

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Numbers Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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

Signature of Registered Agent (Print Name and Title)

Signature of Board Chair (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS

11. TITLE	10. NAME	9. STREET ADDRESS	8. CITY, ST, ZIP	7. TITLE	6. NAME	5. STREET ADDRESS	4. CITY, ST, ZIP	3. TITLE	2. NAME	1. STREET ADDRESS	0. CITY, ST, ZIP
	PD	MCGUIRE, MARK	1060 WEST ADDISON STREET CHICAGO IL 60613	<input type="checkbox"/> DELETE							
	VT	KOWAL, CONRAD	1060 WEST ADDISON STREET CHICAGO IL	<input type="checkbox"/> DELETE							
	S	GRADOWSKI, STANLEY J	435 N. MICHIGAN AVENUE CHICAGO IL	<input type="checkbox"/> DELETE							
				<input type="checkbox"/> DELETE							
				<input type="checkbox"/> DELETE							
				<input type="checkbox"/> DELETE							

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	10. NAME	9. STREET ADDRESS	8. CITY, ST, ZIP	7. TITLE	6. NAME	5. STREET ADDRESS	4. CITY, ST, ZIP	3. TITLE	2. NAME	1. STREET ADDRESS	0. CITY, ST, ZIP
				<input type="checkbox"/> Change <input type="checkbox"/> Addition							
			60613	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition							
			60611	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition							
				<input type="checkbox"/> Change <input type="checkbox"/> Addition							
				<input type="checkbox"/> Change <input type="checkbox"/> Addition							
				<input type="checkbox"/> Change <input type="checkbox"/> Addition							

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)(b), 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:

Stanley J. Gradowski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-96

(312)222-4144

CR2E034 (12/95)