

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 # **F93000001121 (3)**

1. Corporation Name
ORLANDO BASEBALL CONCESSIONS, INC.



Principal Place of Business: **287 TAMPA AVENUE, SOUTH SUITE 2017 CHICAGO IL 32805 US**
Mailing Address: **435 N MICHIGAN AVENUE SUITE 600 ORLANDO FL 60611 US**

2. Principal Place of Business: **21 287 Tampa Avenue, South** (City & State: **23 Orlando, FL**, Zip: **24 32805**, Country: **25 USA**)
2a. Mailing Address: **26 435 N. Michigan Ave.** (City & State: **27 600**, Zip: **28 Chicago, IL**, Country: **29 60611**, **30 USA**)

3. Date Incorporated or Qualified: **03/01/1993**
3a. Date of Last Report: **05/01/1995**
4. FET Number: **59-3155560**
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 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: _____ (Name: _____)

12. OFFICERS AND DIRECTORS

TITLE	PD	[] DELETE
NAME	MCGUIRE, MARK	
STREET ADDRESS	1060 WEST ADDISON STREET	
CITY-STATE-ZIP	CHICAGO IL	
TITLE	VT	[] DELETE
NAME	KOWAL, CONRAD	
STREET ADDRESS	1060 WEST ADDISON STREET	
CITY-STATE-ZIP	CHICAGO IL	
TITLE	S	[] DELETE
NAME	GRADOWSKI, STANLEY J	
STREET ADDRESS	435 N. MICHIGAN AVENUE	
CITY-STATE-ZIP	CHICAGO IL	
TITLE	V	[X] DELETE
NAME	PRATHER, LESLIE R. J	
STREET ADDRESS	1060 WEST ADDITION STREET	
CITY-STATE-ZIP	CHICAGO IL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[X] Change [] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	60613
21 TITLE	[X] Change [] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	60613
31 TITLE	[X] Change [] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	60611
41 TITLE	[] Change [X] Addition
42 NAME	Roger Wexelberg
43 STREET ADDRESS	1060 West Addison Street
44 CITY-STATE-ZIP	Chicago, IL 60613
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	[] Change [] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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)(k), 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
Date: _____ Dist. No./Phone # _____

CR2E034 (12/95)