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FILED
Jun 02 1998 8:00am
Secretary of State



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

PROFIT CORPORATION ANNUAL REPORT 1998

DOCUMENT # F93000001121 (3)

1. Corporation Name
ORLANDO BASEBALL CONCESSIONS, INC.



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/01/1993

21 ORLANDO	26 One TROPICANA DR	4. FEI Number 59-3155560	Applied For <input type="checkbox"/>
22 Suite, Apt. #, etc.	27 St. Petersburg FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	29 33705	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25 Country	30 Puerto Rico		

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	
B1 Name		B2 Street Address (P.O. Box Number is Not Acceptable)	
B3		B4 City	
		B5 Zip Code FL	

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: *John P. Higgins* **John P. Higgins** **4-22-98**
 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input type="checkbox"/> DELETE	1.1 TITLE: P, S, T, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MCGUIRE, MARK		1.2 NAME: Vincent J Naimoli	
STREET ADDRESS: 4000 WEST ADDISON STREET		1.3 STREET ADDRESS: One Tropicana Drive	
CITY - ST - ZIP: CHICAGO IL		1.4 CITY - ST - ZIP: St Petersburg FL 33705	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP	<input type="checkbox"/> DELETE	2.1 TITLE:	
NAME: KOWAL, CONRAD		2.2 NAME:	
STREET ADDRESS: 1000 WEST ADDISON STREET		2.3 STREET ADDRESS:	
CITY - ST - ZIP: CHICAGO IL		2.4 CITY - ST - ZIP:	
TITLE: S	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KENNEY, CRANETH		3.2 NAME:	
STREET ADDRESS: 435 N. MICHIGAN AVENUE		3.3 STREET ADDRESS:	
CITY - ST - ZIP: CHICAGO IL 60611		3.4 CITY - ST - ZIP:	
TITLE: VP	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WEXELBERG, ROGER		4.2 NAME:	
STREET ADDRESS: 1000 WEST ADDISON STREET		4.3 STREET ADDRESS:	
CITY - ST - ZIP: CHICAGO IL		4.4 CITY - ST - ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY - ST - ZIP:		5.4 CITY - ST - ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY - ST - ZIP:		6.4 CITY - ST - ZIP:	

14. I hereby 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 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 in an attachment with an address.

SIGNATURE: *John P. Higgins* **John P. Higgins** **4-22-98 (8??) 8253132**

CR2E034 (10/97)