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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90069 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000001121

1. Corporation Name
ORLANDO BASEBALL CONCESSIONS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
287 TAMPA AVENUE. SOUTH
SUITE 2017
ORLANDO FL 32805
US

Mailing Address
ONE TROPICANA DR
ST PETERSBURG FL 33705
US

3. Date Incorporated or Qualified
03/01/1993

4. FEI Number
59-3155560 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

30

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 JOHN P. HIGGINS
82 Street Address (P.O. Box Number is Not Acceptable) Tropicana Field
83 One TROPICANA DRIVE
84 City St. Petersburg FL 85 Zip Code 33705

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 1-12-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|---------------------------|------------------|------------------------|--------------------------|
| | PSTD | | | <input type="checkbox"/> |
| | NAME , VINCENT | ONE TROPICANA DR | ST PETERSBURG FL 33705 | |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE | Change | Addition |
|-------|---------|----------------|-------------|--------|-------------------------------------|--------------------------|
| | NAIMOLI | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *VINCENT J. NAIMOLI* 1-12-99 (813) 825-3187
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)