

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 # **L65473** (5)

1. Corporation Name
BASEBALL DUGOUT INC.



Principal Place of Business Mailing Address
% KENNETH ROSE
3514 LAKE WORTH ROAD, SUITE 2
LAKE WORTH FL 33461

3. Date Incorporated or Qualified **04/12/1990** 3a. Date of Last Report **04/27/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number **65-0222737** 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 10. Name and Address of New Registered Agent

ROSE, KENNETH
3514 LAKE WORTH ROAD
SUITE 2
LAKE WORTH FL 33461

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-----------------|---------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | ROSE, KENNETH | |
| STREET ADDRESS | 4419 IXORA CIRCLE | |
| CITY - ST - ZIP | LAKE WORTH FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ROSE, RENEE | |
| STREET ADDRESS | 4419 IXORA CIRCLE | |
| CITY - ST - ZIP | LAKE WORTH FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | STEIN, TRACIE | |
| STREET ADDRESS | 3893 OCALA ROAD | |
| CITY - ST - ZIP | LANTANA FL | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | ASTEMBROSKI, KAREN | |
| STREET ADDRESS | 324 PINWOOD ST | |
| CITY - ST - ZIP | LANTANA FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | | |
|---------------------|-----------------------------|--|
| 1.1 TITLE | P/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | ROSE, KENNETH | |
| 1.3 STREET ADDRESS | 4419 IXORA CIRCLE | |
| 1.4 CITY - ST - ZIP | LAKE WORTH, FL 33461 | |
| 2.1 TITLE | V/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | ROSE, RENEE | |
| 2.3 STREET ADDRESS | 4419 IXORA CIRCLE | |
| 2.4 CITY - ST - ZIP | LAKE WORTH, FL 33461 | |
| 3.1 TITLE | T/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | STEIN, TRACIE | |
| 3.3 STREET ADDRESS | 3893 OCALA ROAD | |
| 3.4 CITY - ST - ZIP | LANTANA, FL 33462 | |
| 4.1 TITLE | S/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | ASTEMBORSKI, KAREN | |
| 4.3 STREET ADDRESS | 324 PINWOOD STREET | |
| 4.4 CITY - ST - ZIP | LANTANA, FL 33462 | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 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)(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: Kenneth Rose *Kenneth Rose* 4/22/96 (407) 642-3124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)