

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N06594 (8)

1. Corporation Name
WILTON MANORS BASEBALL, INC.



Principal Place of Business
1809 CORAL GARDENS DR
~~1700 N.E. 28TH DRIVE~~
WILTON MANORS FL 33306
 US

Mailing Address
1809 CORAL GARDENS DR
~~1700 N.E. 28TH DRIVE~~
WILTON MANORS FL 33306
 US

3. Date Incorporated or Qualified **12/12/1984** 3a. Date of Last Report **05/24/1995**

2. Principal Place of Business
21 1809 Coral Gardens Drive 2a. Mailing Address
28 1809 Coral Gardens Drive

4. FEI Number **59-2488512** Applied For
 Not Applicable

Suite, Apt. #, etc.
22 Suite, Apt. #, etc. **27**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State
23 Wilton Manors FL 28 City & State
Wilton Manors

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country
24 33306 **25 USA** **29 FL** **30 33306**

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

FRENCH, ROB
1809 CORAL GARDENS DR
WILTON MANORS FL 33305

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title 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
NAME	FRENCH, ROB	
STREET ADDRESS	1809 CORAL GARDENS DR	
CITY - ST - ZIP	WILTON MANORS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MITZEL, CHARLIE	
STREET ADDRESS	817 N.W. 28TH STREET	
CITY - ST - ZIP	WILTON MANORS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LANCASTER, ARLENE	
STREET ADDRESS	2209 NW 2ND AVE	
CITY - ST - ZIP	WILTON MANORS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PEAL, VICKI	
STREET ADDRESS	2000 CORAL GDS DR	
CITY - ST - ZIP	WILTON MANORS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #