

FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N06594 (8)
1. Corporation Name
WILTON MANORS BASEBALL, INC.



Principal Place of Business 1809 CORAL GARDENS DR WILTON MANORS FL 33306 US	Mailing Address 1809 CORAL GARDENS DR WILTON MANORS FL 33306 US
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3. Date Incorporated or Qualified 12/12/1984
4. FEI Number 59-2488512
Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 22	City & State 27
Zip 24	Country 25
33306	Broward

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FRENCH, ROB
1809 CORAL GARDENS DR
WILTON MANORS FL 33305**

10. Name and Address of New Registered Agent

81 Name Donald Scott Newton Jr.
82 Street Address (P.O. Box Number is Not Acceptable) 1825 North East 27 Drive
83
84 City Wilton Manors
85 Zip Code FL 33306

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: *Donald Scott Newton Jr.* DATE: **1/16/98**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FRENCH, ROB		1.2 NAME NEWTON JR., Donald Scott	
STREET ADDRESS 1809 CORAL GARDENS DR		1.3 STREET ADDRESS 1825 North East 27 Drive	
CITY-ST-ZIP WILTON MANORS FL		1.4 CITY-ST-ZIP Wilton Manors FL 33306	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MITZEL, CHARLIE		2.2 NAME COONEY, Pat	
STREET ADDRESS 817 N.W. 28TH STREET		2.3 STREET ADDRESS 656 North West 21 Street	
CITY-ST-ZIP WILTON MANORS FL		2.4 CITY-ST-ZIP Wilton Manors FL 33311	
TITLE TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LANCASTER, ARLENE		3.2 NAME GARCIA, Victoria	
STREET ADDRESS 2209 NW 2ND AVE		3.3 STREET ADDRESS 2930 North West 5 Avenue	
CITY-ST-ZIP WILTON MANORS FL		3.4 CITY-ST-ZIP Wilton Manors, Florida 33311	
TITLE SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PEAL, VICKI		4.2 NAME COONEY, Jan	
STREET ADDRESS 2000 CORAL GDS DR		4.3 STREET ADDRESS 656 North West 21 Street	
CITY-ST-ZIP WILTON MANORS FL		4.4 CITY-ST-ZIP Wilton Manors FL 33311	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Donald Scott Newton Jr.* DATE: **1/16/98** PHONE: **1-954-566-2537**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)