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Jan 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N22116 (0)
1. Corporation Name
SAY BASEBALL OF CENTRAL FLORIDA, INC.



Principal Place of Business: PO BOX 561556, ORLANDO FL 32856-1556, US
Mailing Address: PO BOX 561556, ORLANDO FL 32856-1556, US

3. Date Incorporated or Qualified: 08/19/1987
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
21-24: Suite, Apt. #, etc., City & State, Zip, Country
25-28: Suite, Apt. #, etc., City & State, Zip, Country

4. FEI Number: 59-3040163
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
HERRING, WILLIAM
3132 GRANGE CT
ORLANDO FL 32806

10. Name and Address of New Registered Agent
81 Name: DAVE MIGETZ
82 Street Address: 3339 Glen Village Ct.
83
84 City: Orlando FL 85 Zip Code: 32822

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: *X Dave Migetz* DATE: 1/9/97
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	DP ROBERT SMITHWICK 104 N DEERWOOD AVE ORLANDO FL	1.1 TITLE	DP Dave Migetz 3339 Glen Village Ct. Orlando, FL 32822
NAME	ROBERT SMITHWICK	1.2 NAME	Dave Migetz
STREET ADDRESS	104 N DEERWOOD AVE	1.3 STREET ADDRESS	3339 Glen Village Ct.
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, FL 32822
TITLE	DV STEVE BRENNAN 5230 CHISWICK CIR ORLANDO FL	2.1 TITLE	
NAME	STEVE BRENNAN	2.2 NAME	
STREET ADDRESS	5230 CHISWICK CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	TDT HADLEY, DONNA 3826 GOOSE COURT ORLANDO FL	3.1 TITLE	DT Gus Reeves 5324 Rockbourne Ct. Orlando, FL 32812
NAME	HADLEY, DONNA	3.2 NAME	Gus Reeves
STREET ADDRESS	3826 GOOSE COURT	3.3 STREET ADDRESS	5324 Rockbourne Ct.
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Orlando, FL 32812
TITLE	DS NANCY DONACHIE 3907 JANIE CT ORLANDO FL	4.1 TITLE	D Mike Donachie 3907 Janie Ct. Orlando, FL 32822
NAME	NANCY DONACHIE	4.2 NAME	Mike Donachie
STREET ADDRESS	3907 JANIE CT	4.3 STREET ADDRESS	3907 Janie Ct.
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Orlando, FL 32822
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Gus Reeves* DATE: 1/9/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Gus Reeves
Daytime Phone: 407-246-2678

CR2E037 (9/96)