
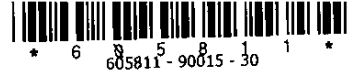


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 13, 1999 8:00 am
Secretary of State

08-13-1999 90015 030 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N22116		
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	



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		3. Date Incorporated or Qualified 08/19/1987	
		4. FEI Number 59-3040163		Applied For <input type="checkbox"/> Not Applicable	
		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	
9. Name and Address of Current Registered Agent DAVE MIGETZ 3685 GATLIN PLACE CIR ORLANDO FL 32812			10. Name and Address of New Registered Agent 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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAVE MIGETZ	1.2 NAME	Steve Brennan		
STREET ADDRESS	3685 GATLIN PLACE CIR	1.3 STREET ADDRESS	5230 Chiswick Cir		
CITY-ST-ZIP	ORLANDO FL 32812	1.4 CITY-ST-ZIP	Orlando, FL		
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STEVE BRENNAN	2.2 NAME	Dave Migetz		
STREET ADDRESS	5230 CHISWICK CIR	2.3 STREET ADDRESS	3685 Gatlin Place Cir		
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, FL 32812		
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEUSAENGER, JOHN	3.2 NAME			
STREET ADDRESS	3741 GATLIN PLACE CIR	3.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32812	3.4 CITY-ST-ZIP			
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEARLES, STACY	4.2 NAME			
STREET ADDRESS	8222 SUMPTER CT	4.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32822	4.4 CITY-ST-ZIP			
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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 8/5/99 Daytime Phone #: 407-423-7283 x 201

0010718
CR2E037 (5/99)