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).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State
05-06-1999 90026 020 ****61.25

DOCUMENT # N98000001924

1. Corporation Name
MIAMI MANATEES BASEBALL CLUB, INC.

Principal Place of Business	Mailing Address
7475 SW 147 ST MIAMI FL 33158	7475 SW 147 ST MIAMI FL 33158

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	04/02/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 65-0823264 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
POTUCEK, JAMES 7475 SW 147 ST MIAMI FL 33158	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 _____ DATE
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	D	☐ DELETE	1.1 TITLE	D/P	☒ Change ☐ Addition
NAME	POTUCEK, JAMES		1.2 NAME	Potucek, James	
STREET ADDRESS	7475 SW 147 ST		1.3 STREET ADDRESS	7475 SW 147 Street	
CITY-ST-ZIP	MIAMI FL 33158		1.4 CITY-ST-ZIP	Miami, Fl. 33158	
TITLE	D	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	ALEXANDER, PAUL		2.2 NAME	Potucek, Caryn	
STREET ADDRESS	9271 STERLING DR		2.3 STREET ADDRESS	7475 SW 147 Street	
CITY-ST-ZIP	MIAMI FL 33157		2.4 CITY-ST-ZIP	Miami, Fl. 33158	
TITLE	D	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	LOPEZ, RON		3.2 NAME	Smith, Clarke	
STREET ADDRESS	24878 SW 128TH PATH		3.3 STREET ADDRESS	14921 SW 72 Court	
CITY-ST-ZIP	MIAMI FL 33032		3.4 CITY-ST-ZIP	Miami, Fl. 33158	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/99)

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 REQUIRED 7/30/99 (305)235-4695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #