

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000089348 (4)**

1. Corporation Name  
**ORLANDO BASEBALL INC.**



Principal Place of Business: **2295 CORPORATE BLVD. N.W. SUITE 222 BOCA RATON FL 33431-0810**  
Mailing Address: **2295 CORPORATE BLVD. N.W. SUITE 222 BOCA RATON FL 33431-0810**

3. Date Incorporated or Qualified <b>12/09/1994</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>65-0539297</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> Yes	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name <b>The Herrick Company, Inc</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2295 Corp. Blvd N.W.</b>
83 <b>Suite 222</b>
84 City <b>Boca Raton FL</b>
85 Zip Code <b>33431</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *The Herrick Company, Inc. By: Howard Herrick, Pres* DATE: **3/22/96**

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>HERRICK, NORTON</b>	
STREET ADDRESS	<b>2295 CORPORATE BLVD. N.W., #222</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33431-0810</b>	
TITLE	<b>VDAS</b>	<input type="checkbox"/>
NAME	<b>HERRICK, HOWARD</b>	
STREET ADDRESS	<b>2295 COR BLVD SUITE 222</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>VDAS</b>	<input type="checkbox"/>
NAME	<b>HERRICK, MICHAEL</b>	
STREET ADDRESS	<b>2295 CORP BLVD SUITE 222</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>VDT</b>	<input checked="" type="checkbox"/>
NAME	<b>HERRICK, EVAN</b>	
STREET ADDRESS	<b>2295 CORP BLVD SUITE 2222</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
11 TITLE	<b>D/AS/T</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE	<b>VPIAS</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS	<b>20 Community Pl</b>		
24 CITY-ST-ZIP	<b>MorrisTown NJ 07960</b>		
31 TITLE	<b>VPIAS</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DATE: **3/22/96** 2015391390  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)