

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 10 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000051456 (7)
 1. Corporation Name
SEVENTH INNING STRETCH, INC.



Principal Place of Business 111 SECOND AVENUE N.E. ST. PETERSBURG FL 33701	Mailing Address 111 SECOND AVENUE N.E. ST. PETERSBURG FL 33701-3434
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2. Principal Place of Business 21 111 Second Avenue NE Suite, Apt. #, etc. 22 Suite 510 City & State 23 St. Petersburg, FL Zip 24 33701-3465		2a. Mailing Address 26 111 Second Avenue NE Suite, Apt. #, etc. 27 Suite 510 City & State 28 St. Petersburg, FL Zip 29 33701-3465		3. Date Incorporated or Qualified 06/17/1996		3a. Date of Last Report	
				4. FEI Number 59-3384720		Applied For 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	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent BOKOR, BRUCE H 911 CHESTNUT STREET ST. PETERSBURG FL 33701				10. Name and Address of New Registered Agent			
				81 Name Gus A. Stavros			
				82 Street Address (P.O. Box Number is Not Acceptable) 111 Second Avenue NE, Suite 510			
				83			
				84 City St. Petersburg, FL			
				85 Zip Code 33701			

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: Gus A. Stavros DATE: 3/26/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOKOR, BRUCE H		1.2 NAME	
STREET ADDRESS 911 CHESTNUT STREET		1.3 STREET ADDRESS	
CITY - ST - ZIP CLEARWATER FL 34816		1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE D, P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME Gus A. Stavros	
STREET ADDRESS		2.3 STREET ADDRESS 111 Second Avenue NE, Suite 510	
CITY - ST - ZIP		2.4 CITY - ST - ZIP St. Petersburg, FL 33701-3465	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE S, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME Paul B. Stavros	
STREET ADDRESS		3.3 STREET ADDRESS 111 Second Avenue NE, Suite 510	
CITY - ST - ZIP		3.4 CITY - ST - ZIP St. Petersburg, FL 33701-3465	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		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 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gus A. Stavros DATE: 3/26/97 813-822-4848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)