


FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N47241** (7)
1. Corporation Name
WEST VOLUSIA PONY BASEBALL, INC.



Principal Place of Business 1180 SAXON BLVD. DELTONA FL 32725 US	Mailing Address P.O. BOX 5814 DELTONA FL 32726 US
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3. Date Incorporated or Qualified 02/10/1992	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-3100680	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**TANNER, KEITH
44 CANTAGREE TRAIL
OSTEEN FL 32764**

10. Name and Address of New Registered Agent

81 Name Rich Fiorica
82 Street Address (P.O. Box Number is Not Acceptable) 3680 Van Dale St.
83
84 City Deltona FL 85 Zip Code 32738

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 *[Signature]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TANNER, KEITH	
STREET ADDRESS	44 KANTAGREE TRAIL	
CITY-ST-ZIP	OSTEEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FIORICA, RICH	
STREET ADDRESS	3680 VAN DALE ST.	
CITY-ST-ZIP	DELTONA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCLEELAN, DEBBIE	
STREET ADDRESS	2446 VAUGHN AVENUE	
CITY-ST-ZIP	DELTONA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COFFEY, MITCH	
STREET ADDRESS	815 OSTEEN CEMETARY RD.	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Fiorica, Rich D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME 3680 Van Dale St.	
1.3 STREET ADDRESS Deltona, FL	
1.4 CITY-ST-ZIP	
2.1 TITLE Jackie Price D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME 1123 W. Hancock Dr.	
2.3 STREET ADDRESS Deltona, FL 32725	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 in an attachment with an address.

SIGNATURE: *[Signature]*

1-11-98

4-7-213-1853

CR2E037 (10/97)