NONPROFIT



FLORIDA DEPARTMENT OF STATE

		RPORATI JAL REP 1996				Secr	ira B. Mortha retary of State DF CORPORA	e						
ָ נְ	OCUI Corporation			71418 AL LITTLE	_	(9)								
	OLLAII	maich i	MATION	AL LITTLE	LEAGUE	I, INC.								
P	rincipal Place	of Business	1		Maili	ng Address					OTODA IJEON IJEKE JA	84 81841 8 181		J \$1811 OF\$11 (88)
714 N. SATURN PO BOX 5722 SID LICKTON COMPLEX CLEARWATER FL 3461B-5														
	CLEARWATER				U\$	MUMMICH LE 340	010-3/22							
	US									 Date Incorporated 03/04/1968 	or Qualified	3a. Dai	te of Last)5/01/1	Report
	. Principal Pla	ace of Busin	ess		2a. M	failing Address				4. FEI Number				Applied For
21	Suite, Apt. i	# etc		_ 	26	ulto A-b V -I				59-2917906	3	.		Not Applicable
22					27	uite, Apt. #, etc.				5. Certificate of Status	Desired			5 Additional Required
23	City & State)			28 C	ity & State			-	Election Campaign Trust Fund Contribu			\$5.0	00 May Be
24	Zip		Coun	try	Zi	р	Cour	ntry		This corporation has				od to Fees . 199.032.
24		9. Name	and Add	ess of Curre	29 nt Register	ed Agent	30	·		Florida Statutes		Yes 🛄 I	No	
			-					81 Name	, 11	10. Name and Addres			gent	
PECORELL CHRISTINE A										S (P.O. Box Number is N	Deboto	al	<u>+ </u>	
	1463 OT	TEN ST. 'ATER FL 3	4615				L		9Le	s (P.O. Box Number is N Emory	Drive			
	OLLANTI	MICH FL S	14013					83		1				
							[1	84 Sty (400			FL	85 Zij	p Code
11	I. Pursuant to	o the provision	ons of Sec	tions 617.0502	2 and 617.1	508, Florida Statu	tes, the abov			water on submits this statement	it for the purpos		LLL <u>3</u>	2/1025
	familiar wit	h, and accep	of the oblig	ations of, Seci	ida. Such cr tion 617.050	iange was authori 33, Florida Statute	zed by the co s.	prporation's	s board	on submits this statement of directors. I hereby acc	ept the appoint	ment as re	agistered	agent. I am
SIG	GNATURE 📗	Olymature, typed of	at printed carry	H. Hall of registered agen	A CAT Applie	and a state of the	COTE S							
12				OFFICERS AN	D DIRECTO	RS .	OTE: Registered A	gent signature	required wi	en reinstating) ADDITIONS/CHANG	SES TO OFFICE	DATE HS AND I	HEECTO	BS IN 12
TITI		PD		000		DELETE	1.1 TITE	E	PL)			Change	Addition
NAM	ME REET ADDRESS	1463 OT		RISTIN A		,	1.2 NAN	1E	Hai	stead , Deho	orah H Veste			
	Y-ST-ZIP	CLW FL	ILN SI.					EET ADDRESS	18,	16 Emory P earwater, 1	ri (100 El 3dia	15		
TIFE		VPD				□Ø ELETE	1.4 CITY 2.1 TITL	'-ST-ZIP F	VPI	earwater, i	ישריב בי		Observe	
NAM	V I E	COSTELL				7	2.2 NAM	-	Tro	Pack	- 1	ш	Change	☐ Addition
STR	REET ADDRESS	1530 SM					2 3 STR	ET ADDRESS	コス	44 Wetherin	ation Rd			
	Y-ST-ZIP	CLEARW	AIEH FL	<u> </u>			2 4 CIT	Y-ST-ZIP	LCI	earwater. F	I 34/6	25		
NAM		COSTELL	O RHO	DΔ		DEFELE	3 1 TITL		Plan	yer Agent/D Morris 24 Harn Bh			Change	Addition
	EET ADDRESS	1530 SM					3 2 NAM	ET ADDRESS	Ha	Morris Bh	,d.			
CITY	r-ST-ZIF	CLEARW						-S1-ZIP	ĈĹ	arwater, FL	341.5	d		
ŤIŤL	E	TD				DELETE	4 1 TITLE		- T	DSWEET	0 10 4		Change	☐ Addition
NAM		SELLING					4 2 NAN	1E				_		
	EET ADDRESS	1248 CAI CLW. FL	MAUAS A	WE			4.3 STRE	ET ADDRESS						
TITL	r-ST-ZIP E	VPD VPD				DELETE	4.4 CITY		 _					
NAM	1	ROACH,	SALLY			PACTER	5 1 TITLE 5 2 NAM						Change	Addition
STRE	EET ADDRESS	2433 GLI		R				ET ADDRESS						
	-ST-ZIP	CLW. FL			·		5.4 CITY							
TITLE		D		II.		DELETE	6.1 THTLE						Change	Addition
NAM	1	KRENTZA 410 GLE					6 2 NAM						151	
STRE	ET ADDRESS	410 GLE	עטטאוי	AVE			63 STRE	ET ADORESS						

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 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.

SIGN	ATURE
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-96 813)797-9956

CR2E037 (12/95)