


FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 05 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 # 743297 (4)
1. Corporation Name
CORAL SPRINGS AMERICAN LITTLE LEAGUE, INC.



Principal Place of Business 10000 N.W. 29TH STREET P.O. BOX 8803 CORAL SPRINGS FL 33065	Mailing Address 10000 N.W. 29TH STREET P.O. BOX 8803 CORAL SPRINGS FL 33065
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3. Date Incorporated or Qualified 06/16/1978	
4. FEI Number 16-0070026	Applied For <input type="checkbox"/> 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	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent WEISSMAN ESO., HAROLD 4597 N. UNIVERSITY DR. LAUDERHILL FL 33351	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FISCHER, LIBBY 1704 VESTAL DRIVE CORAL SPRGS FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SPINA, TONY 11251 NW 21ST ST CORAL SPRGS FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ABRAM, BEVERLY 288 NW 10TH TERR CORAL SPRINGS FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD O'KEEFE, KEVIN V. 11220 NW 40 STREET CORAL SPRINGS FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

PD CODY, JANET 4230 CORAL SPRINGS DRIVE CORAL SPRINGS FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VD PIERPONT, RENA 11315 NW 44TH STREET CORAL SPRINGS FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VD HALKUFF, RICK 1142 NW 116 AVENUE CORAL SPRINGS FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TD POLISTINA, TERESA 12101 NW 2 DRIVE CORAL SPRINGS FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
SD JACOBS, ILONA 11885 ROYAL PALM BLVD., #203, BLDG 12 CORAL SPRINGS FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Janet Cody* 954-5741-2010

CR2E037 (10/97)