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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

F96022

(1)

BASEBALL, INC.

FILED Apr 27 1998 8:00am Secretary of State



Principal Place of							ILO MIDOL MINIS MINI	
Principal Place of Business Mailing Address						a sametan bira raten atter daten 1980a tibi dibit att	154 M1841 M1811 M181	i Biğir iğal
* ROBERT A FOWLER JR			JR					
303 RIVERBEND BLVD LONGWOOD FL 32779		303 RIVERBEND BLVD				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
		LONGWOOD FL 32779						
						08/10/1982		
2. Principal Place	of Business	2a. Mailing Address				4. FEI Number	Ar	oplied For
21		26						ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional
22		27				5. Certificate of Status Desired	Fee Re	equired
City & State		City & State				6. Election Campaign Financing	\$5.00	
23		28	1			Trust Fund Contribution		to Fees
Zip Cauntry		Zip Country				8. This corporation owes or has paid the c		_ ' '
24	25 Name and Address of Currer	29	30			Personal Property Tax due June 30.  10. Name and Address of New Registere		] No
<del></del>	<del></del>	it negistered Agent		81	Name	10, Haine and Address of New Hegistere	a Agoin	
	SR, ROBERT A., JR							
	VERBEND BLVD			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
LUNGI	<b>NO</b> OD FL 32779			83			·	
				84	City	F	<b>85</b> Zip	Code
11. Pursuant to the	he provisions of Sections 607.050	2 and 607,1508, Florida Stat	lutes, the al	DOVE	named corp	oration submits this statement for the purpose	_ , ,	ts registered
office or regis	stered agent, or both, in the State amiliar with, and accept the oblig	of Horida. Such chance wa	s authorized	d by	the corporati	ion's board of <b>d</b> irectors. I hereby accept the a	pointment as	registered
_	arrinar with, that accept the oring	anona or, occini i boz 3005,	r torica Stat	.0103				
SIGNATURE Sign	Nature, typed or printed name of registered ago	et and I the if applicable (N	OTL Registered	d Ager	nt signature require	ed when reinstating) DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTOR	RS IN 12
TITLE		☐ DELETE	1.1 10	TLE.			Change	Addition Addition
	OWLER, ROBERT A JR		1.2 NA	ME				
	003 RIVERBEND BLVD		1.3 \$1	REET	ADDRESS			
	ONGWOOD, FL 00000		1.4 C)		1 - 7/P			
TITLE	/ 	L. DELETE	2.1 111	TLE			L Change	L. Addition ↓
	FOWLER, PATRICIA J		2.2 NA	AME				
	003 RIVERBEND BLVD		2.3 \$1	REET	ADDRESS			
	ONGWOOD, FL 00000	Documen	2.4C		T-ZIP		<u> </u>	1.4451
TITLE		☐ DELETE	3.1 111	ILE				Addition
					1		L Change	_
NAME			3.2 NA		4000000		Change	
STREET ADDRESS			3.3 ST	REET	ADDRESS		Change	
STREET ADDRESS City-St-Zip	<del></del>	T neiere	3.3 ST 3.4. CI	REET A				
STREET ADDRESS CITY-ST-ZIP TITLE	•	☐ DELETE	3.3 ST 3.4. CI 4.1 TII	REET A ITY - S TLE			☐ Change	☐ Addition
STREET ADDRESS CITY-SY-ZIP TITLE NAME	<u>*</u>	DELETE	3.3 ST 3.4. CI 4.1 TIT 4. 2 N	REET A ITY - S TLE AME	1-2IP			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	•	☐ DELETE	3.3 ST 3.4. CI 4.1 TII 4. 2 N. 4.3 ST	REET A ITY - S TLE AME REET A	1-2IP ADDRESS			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.3 ST 3.4. CI 4.1 TIT 4. 2 N 4.3 ST 4.4 CI	REET A ITY - S TLE AME REET A TY - ST	1-2IP ADDRESS		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	3.3 ST 3.4. CI 4.1 TII 4. 2 N. 4.3 ST 4.4 CI 5.1 TII	REET A ITY - S TLE AME REET A TY - ST	1-2IP ADDRESS			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			3.3 ST 3.4. CI 4.1 TII 4. 2 N. 4.3 ST 4.4 CI 5.1 T()	REET A ITY - S TLE AME REET A IY - ST TLE	1-ZIP  ADDRESS  1-ZIP		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			3.3 ST 3.4. CI 4.1 TII 4. 2 N 4.3 ST 4.4 CI 5.1 TII 5.2 NA 5.3 ST	REET AME TLE TLE TLE TLE TLE TLE TLE TREET AME REET A	1-ZIP  ADDRESS  1-ZIP  ADDRESS		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.3 ST 3.4. CI 4.1 TII 4. 2 N. 4.3 ST 4.4 CI 5.1 TII 5.2 NA 5.3 ST 5.4 CI	REET IN STREET I	1-ZIP  ADDRESS  1-ZIP  ADDRESS		Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE			3.3 ST 3.4. CI 4.1 TII 4. 2 N 4.3 ST 4.4 CI 5.1 TII 5.2 NA 5.3 ST 5.4 CI 6.1 TII	THE TOTAL THE	1-ZIP  ADDRESS  1-ZIP  ADDRESS		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.3 ST 3.4. CI 4.1 TII 4. 2 N. 4.3 ST 4.4 CI 5.1 TII 5.2 NA 5.3 ST 5.4 CI 6.1 TII	TREET / ITY - S TLE AME REET / ITY - SI TLE REET / TY - SI TLE TY - SI TLE	1-ZIP  ADDRESS  1-ZIP  ADDRESS		Change	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.