

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L65473** (5)

1. Corporation Name

BASEBALL DUGOUT INC.



Principal Place of Business

Mailing Address

% KENNETH ROSE
3514 LAKE WORTH ROAD, SUITE 2
LAKE WORTH FL 33461

% KENNETH ROSE
3514 LAKE WORTH ROAD, SUITE 2
LAKE WORTH FL 33461

3. Date Incorporated or Qualified
04/12/1990

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0222737

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSE, KENNETH
3514 LAKE WORTH ROAD
SUITE 2
LAKE WORTH FL 33461

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85

Zip Code

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE:

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	ROSE, KENNETH	
STREET ADDRESS	4419 IXORA CIRCLE	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSE, RENEE	
STREET ADDRESS	4419 IXORA CIRCLE	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	STEIN, TRACIE	
STREET ADDRESS	3893 OCALA ROAD	
CITY - ST - ZIP	LANTANA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ASTEMBROSKI, KAREN	
STREET ADDRESS	324 PINWOOD ST	
CITY - ST - ZIP	LANTANA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROSE, KENNETH	
1.3 STREET ADDRESS	4419 IXORA CIRCLE	
1.4 CITY - ST - ZIP	LAKE WORTH, FL 33461	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROSE, RENEE	
2.3 STREET ADDRESS	4419 IXORA CIRCLE	
2.4 CITY - ST - ZIP	LAKE WORTH, FL 33461	
3.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STEIN, TRACIE	
3.3 STREET ADDRESS	3893 OCALA ROAD	
3.4 CITY - ST - ZIP	LANTANA, FL 33462	
4.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ASTEMBORSKI, KAREN	
4.3 STREET ADDRESS	324 PINWOOD STREET	
4.4 CITY - ST - ZIP	LANTANA, FL 33462	
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 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 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: Kenneth Rose
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 (407) 642-3124

Date

Daytime Phone #

CR2E034 (12/95)