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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # M74220

Corporation							
<b>PLAYBA</b>	ILL" BASEBALL ACADEMY,	INC.					
	1 2	1		2:			
	·						IN DIDIN DIDIN 1880
Hincipal Plac	e of Business	Mailing Address					
CID FRED FER		C/O FRED FERREIRA					
2751 N.E. 52 S	it. Le fl: 33308	2751 N.E. 52 ST. FT. LAUDERDALE FL 33308			DO NOT WRIT	E IN THIS SPACE	
FII LAUDENDA	LE FC 33300	11. CAODENDALE 12 00000			3. Date Incorporated or Qualifed	***	
					03/29/1988	14,14	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
26				65-0068398		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired	11	5 Additional	
22		27			3. 351.1102.0 01. 31.01.0	ree .	Required
City & Stat	te .	City & State			6. Election Campaign Financing	11	May Be
23		28			Trust Fund Contribution	···· ·	d to Fees
и <b>Z</b> ip	Country	Zip	Country	1	8. This corporation owes the curre	ent year Intangible Yes	□No
24	25		30		Personal Property Tax.		LJNO
	9. Name and Address of Currer	nt Registered Agent	81	Name	10. Name and Address Of New A	gistered Agent	
FFR	REIRA, FRED				4.4		
	2751 N.E. 52 ST.		82 Street Address		dress (P.O. Box Number is Not Accepta	ble) i	
	LAUDERDALE FL 33308		83	,	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	GRASS STATE	518 518 ES
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	4 *		84	City	The state of the s	FL 85 Z	ip Code
Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statute	s, the above	e-named co	rporation submits this statement for the	purpose of changing	its registered
III latica or	registered agent or both in the State	of Florida. Such change was au	thorized by	the corpora	tion's board of directors. I hereby accept	it the appointment as	registered
tild the man of the		ations of Section 607.0505. Flori	da Statutes	2			
agent. I a	am familiar with, and accept the obliga	ations of, Section 607.0505, Flori	da Statutes	5.			٠.,
agent. I a SGNATURE	am familiar with, and accept the obligations of registered age	ations of, Section 607.0505, Flori	da Statutes	5.	ired when reinstating)	DATE	·
agent. I a	Signature, typed or printed name of registered age	ations of, Section 607.0505, Flori ent and title if applicable. (NOTE: I ND DIRECTORS	da Statutes	5.	ired when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIREC	TORS IN 12
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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 information or 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

1

Daytime Phone #

FILED Feb 09, 1999 8:00 am Secretary of State

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JKZEU34 (11/98)