FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:20

DOCUMENT # N18501 (9)

1. Corporation Name
PALMETTO BASEBALL BOOSTERS, INC.

Principal Place of Business	Mailing Address
C/A S. DOCTOR & ASSOC. 205 MIAMI FL 33176 US	P O BOX 570818 15023 SW 74TH PLACE MIAMI FL 33257-818 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/29/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2756529 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 8925 SW 148 St	26 P.O. Box 570 818
Suite, Apt. #, etc. 22 Suite # 205	Suite, Apt. #, etc. 27
City & State 23 Miami, Fl	City & State 28 Miami Fl
Zip / Country 24 33176 / 25 USA	Zip / Country 29 33257-0818 / 30 USA

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $66.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

PABALATZ, D. R.
8925 SW 148TH ST #205
MIAMI FL 33176

10. Name and Address of New Registered Agent

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 D.R. Pabalatz (same as above) 1/16/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD.	☑ Change ☐ Addition
NAME	CORRIDINI, LEO	1.2 NAME	LEO STEVE BALTER	
STREET ADDRESS	5805 SW 133 ST	1.3 STREET ADDRESS	15130 SW 76 CT	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami FL. 33176	
TITLE	VPD	2.1 TITLE	VPD	☑ Change ☐ Addition
NAME	BALTER, STEVE	2.2 NAME	LAIN KAUANAUGH	
STREET ADDRESS	15130 SW 76 CT	2.3 STREET ADDRESS	17553 SW 85 AVE	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	VPD	3.1 TITLE	VPD	☑ Change ☐ Addition
NAME	DUPREE, JOE	3.2 NAME	RICHARD WAGNER	
STREET ADDRESS	17024 SE 80 ST	3.3 STREET ADDRESS	18471 SW 90 AVE	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI FL 33157	
TITLE	SD	4.1 TITLE	VPD	☑ Change ☐ Addition
NAME	YAPPA, JACK	4.2 NAME	Paul Anger	
STREET ADDRESS	14500 SW 69 CT	4.3 STREET ADDRESS	16823 SW 79 PL	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami FL 33157	
TITLE	TD	5.1 TITLE	[illegible]	☑ Change ☐ Addition
NAME	PABALATE, DAN	5.2 NAME	[illegible]	
STREET ADDRESS	8265 SE 116 TERR.	5.3 STREET ADDRESS	[illegible]	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	[illegible]	
TITLE		6.1 TITLE	SEC.D	☐ Change ☑ Addition
NAME		6.2 NAME	Phil Lowenberg	
STREET ADDRESS		6.3 STREET ADDRESS	7600 SW 141 ST	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MIAMI FL 33158	

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)(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: D.R. Pabalatz D.R. Pabalatz, 1/16/95 305.235.6141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0072078