FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 23 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19008

(4)

Mailing Address

FLORANADA BASEBALL LEAGUE, INC.

C/O CHARLES P.O. BOX 39736 FT LAUDERDAL US	6	C/O CHARLES A. KRBLICH P.O. BOX 39736 FT LAUDERDALE FL 33339-9 US	9736	3. Date Incorporated or Qualified 3a. D	ate of Last Report 02/05/1996	
—	ace of Business	2a. Mailing Address		4. FEI Number 59-6211121	Applied For	
Suite, Apt.	#, etc.	26 Suite, Apt. #, etc.			Not Applicable \$8.75 Additional	
22		27	· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Z ip	Country	28 Zip	Country	Trust Fund Contribution 8. This corporation has liability for intangible	Added to Fees	
24	25		30	Florida Statutes	No No	
	9. Name and Address of Curre	ent Registered Agent	941 **	10. Name and Address of New Registered	Agent	
(/BB) (6)	. 0.140/50 4		81 Name			
KRBLICH, CHARLES A. M. A. CABRERA & COMPANY, P.A.			82 Street Addr	82 Street Address (P.O. Box Number is Not Acceptable)		
	VERSITY DRIVE, STE 330		83			
	TION FL 33324					
			84 City	FL	85 Zip Code	
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						
12.	Signature typed or printed name of registered a OFFICERS A	ND DIRECTORS (NOTE	Registered Agent signature require 13.	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIDECTORS IN 12	
TITLE	DP OT TOUR OF	DELETE	1.1 TITLE	ADDITIONS/OFFANGES TO OFFICERS AN	Change Addition	
NAME	KRBLICH, CHARLES		12 NAME			
STREET ADDRESS	4240 NE 19 AVE		1.3 STREET ADDRESS			
CITY - ST - ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	21 TITLE		☐ Change ☐ Addition	
NAME	DUNCAN, BOB		22 NAME			
STREET ADDRESS	4511 N.E. 13TH AVE.		2.3 STREET ADDRESS			
CITY - ST - ZIP TITLE	FT. LAUDERDALE FL D	DELETE	2 4 CITY-ST-ZIP 3.1 TITLE		Change Addition	
NAME	FRETWELL, JOHN		3.1 TITLE 3.2 NAME		Cuange I Addition	
STREET ADDRESS	4821 N.E. 13TH AVE.		3.3 STREET ADDRESS		•	
CITY - ST - ZIP	OAKLAND PARK FL		3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME	•		
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY+ST-ZIP		Change Addition	
NAME		FT pricit	6.1 TITLE 6.2 NAME		Change Addition	
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	,		
14. I do herek	by certify that the information suppli	ied with this filing does not qualify	for the exemption stated	d in Section 119.07(3)(i), Florida Statutes. I furthe	er 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 chapted, or on an attachment with an address.						