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Jan 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N25074** (8)

1. Corporation Name

FORT MYERS AMERICAN LITTLE LEAGUE, INC.

Principal Place of Business

Mailing Address

P.O. BOX 6961
FT. MYERS FL 33911

P.O. BOX 6961
FT. MYERS FL 33911

3. Date Incorporated or Qualified

02/26/1988

4. FEI Number

51-0192657

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PULS, WILLIAM
1705 COLONIAL BLVD
SUITE A-3
FT MYERS FL 33907**

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	OVERHOLSER, DON	
STREET ADDRESS	1755 LINHART AVE.	
CITY-ST-ZIP	FT. MYERS FL 33901	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	PULS, WILLIAM	
STREET ADDRESS	1755 LINHART AVE.	
CITY-ST-ZIP	FT. MYERS FL 33901	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	DUNCAN, GORDON	
STREET ADDRESS	1755 LINHART AVE.	
CITY-ST-ZIP	FT. MYERS FL 33901	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PARKER, MIKE	
STREET ADDRESS	1755 LINHART AVE.	
CITY-ST-ZIP	FT. MYERS FL 33901	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Vice-President
4.3 STREET ADDRESS	Jay Trapnell
4.4 CITY-ST-ZIP	1755 Linhart Ave.

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Ft. Myers, FL 33901
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

WILLIAM J. PULS 01/22/98 941-939-5705

CH2E037 (10/97)