

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N38794 (6)

1. Corporation Name

BASEBALL U.S.A. LEAGUES, INC.



Principal Place of Business

Mailing Address

C/O JON AHLBUM
6780 SW 10TH COURT
NORTH LAUDERDALE FL 33068

C/O JON AHLBUM
6780 SW 10TH COURT
NORTH LAUDERDALE FL 33068

3. Date incorporated or Qualified
06/22/1990

3a. Date of Last Report
01/23/1995

2. Principal Place of Business

2a. Mailing Address

21 C/O Jon AHLBUM

26 C/O Jon AHLBUM

4. FEI Number

65-0311916

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 660 NW 49TH AVE

27 660 NW 49TH AVE

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

City & State

City & State

23 COCONUT CREEK

28 COCONUT CREEK

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 33063

25 FLORIDA

29 33063

30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AHLBUM, JON

~~6780 SW 10TH COURT~~

~~NORTH LAUDERDALE FL 33068~~

660 NW 49TH AVE

COCONUT CREEK, FL 33063

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DS
HEIDE, CYNTHIA
STREET ADDRESS 1140 NW 31 ST.
CITY-ST-ZIP SUNRISE FL

TITLE ☐ DELETE

NAME DP
AHLBUM, JON
STREET ADDRESS 6780 SW 10 COURT
CITY-ST-ZIP NO. LAUDERDALE FL COCONUT CREEK 33063

TITLE ☐ DELETE

NAME D
ESPER, AL
STREET ADDRESS 5877 S.W. 119TH AVE.
CITY-ST-ZIP COOPER CITY FL

TITLE ☐ DELETE

NAME DT
SESSNER, BILL
STREET ADDRESS 6537 BLVD OF CHAMPIONS
CITY-ST-ZIP N. LAUDERDALE FL

TITLE ☐ DELETE

NAME DS
BERENS, DON
STREET ADDRESS 6801 NW 17TH PLACE
CITY-ST-ZIP PLANTATION FL

TITLE ☐ DELETE

NAME DV
ROWLAND, DAVE
STREET ADDRESS 11602 SW 50TH ST.
CITY-ST-ZIP COOPER CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jon Ahlbum JON AHLBUM, PRESIDENT

1-21-96

305.974.5886

Date

Daytime Phone #

CR2E037 (12/95)