


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Aug 27 1998 8:00am**  
**Secretary of State**

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N46030 (5)**

1. Corporation Name

**MEN'S BASEBALL ASSOCIATION OF PALM BEACH COUNTY, INC.**

Principal Place of Business

Mailing Address

1801 STONEHAVEN DRIVE  
BOYNTON BEACH FL 33462  
US

1801 STONEHAVEN DRIVE  
BOYNTON BEACH FL 33462  
US

3. Date Incorporated or Qualified

11/13/1991

4. FEI Number

65-0299456

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 1542 Maypop Road

26 1542 Maypop Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 West Palm Beach

28 West Palm Beach

24 Zip 33415

25 Country USA

29 Zip 33415

30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOURNE, JR., ROBERT E ESQ.  
521 LAKE AVENUE  
SUITE 3  
LAKE WORTH FL 33460

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	VP <input checked="" type="checkbox"/> DELETE
NAME	BANNON MARK
STREET ADDRESS	5924 STRAWBERRY LAKES CIR
CITY-ST-ZIP	LAKEWORTH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MOLINAROS CARLOS
STREET ADDRESS	2317 N CONGRESS AVE APT 31
CITY-ST-ZIP	BOYNTON BCH FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	ALONSO, BOBBY
STREET ADDRESS	1542 MAYPOP ROAD
CITY-ST-ZIP	WEST PALM BEACH FL 33415
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	RANDALL, JIM
STREET ADDRESS	6595 MASSACHUSETTS DR.
CITY-ST-ZIP	LANTANA FL 33466-2
TITLE	SD <input type="checkbox"/> DELETE
NAME	EDMISTON, BOB
STREET ADDRESS	1801 STONEHAVEN DR.
CITY-ST-ZIP	BOYNTON BEACH FL 33436
TITLE	VPD <input type="checkbox"/> DELETE
NAME	EATON, CRAIG
STREET ADDRESS	3307 BALUSROL LANE
CITY-ST-ZIP	LAKE WORTH FL 33467

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROBERTO ALONSO
1.3 STREET ADDRESS	1542 MAYPOP ROAD
1.4 CITY-ST-ZIP	West Palm Beach, FL 33415
2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BOB EDMISTON
2.3 STREET ADDRESS	1801 stonehaven dr.
2.4 CITY-ST-ZIP	Boynton Beach, FL 33436
3.1 TITLE	VPD. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CRAIG EATON
3.3 STREET ADDRESS	3307 Balusrol Ave.
3.4 CITY-ST-ZIP	LAKE WORTH, FL 33467
4.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CARLOS MOLINAROS
4.3 STREET ADDRESS	2317 N. Congress Ave APT 31
4.4 CITY-ST-ZIP	Boynton Beach, FL 33436
5.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Kevin Payne
5.3 STREET ADDRESS	5560 Golden Eagle Circle
5.4 CITY-ST-ZIP	P.B. Gardens FL 33418
6.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	JIM RANDALL
6.3 STREET ADDRESS	6595 Massachusetts Dr.
6.4 CITY-ST-ZIP	Lantana FL 33466

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:

Robert J Edmiston 4-20-98 561-585-9090

CR2E037 (10/97)