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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N47032					
1. Corporation Name METRO WEST SOFTBALL ASSOCIATION, INC.					
Principal Place of Business 5820 WEST CENTRAL AVE. ORLANDO FL 32835			Mailing Address P.O. BOX 616727 ORLANDO FL 32861		



2. Principal Place of Business 21 5820 West Central Ave Suite, Apt. #, etc. 22 Orlando, FL City & State 23 Orlando 32819 USA Zip Country 24 25 29 30 32819 USA		2a. Mailing Address 26 P.O. Box 616727 Suite, Apt. #, etc. 27 City & State 28 Orlando, FL Zip Country 29 32819 30 USA		3. Date Incorporated or Qualified 01/28/1992 4. FEI Number 59-3103533 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent SNYDER, MARIANNE 1112 IVEY HILL CT. ORLANDO FL 32819				10. Name and Address of New Registered Agent 81 Name Marianne M Snyder 82 Street Address (P.O. Box Number is Not Acceptable) 1112 Ivey Hill Ct 83 84 City Orlando 85 Zip Code FL 32819			
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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 Marianne M Snyder (NOTE: Registered Agent signature required when reinstating) DATE 1/17/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input checked="" type="checkbox"/> DELETE NAME MIXON, DEBORAH STREET ADDRESS 12435 FRIENDSHIP ROAD CITY-ST-ZIP CLERMONT FL 34711				1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME MURRAY, JOHN STREET ADDRESS 8155 WILSMERE CIRCLE CITY-ST-ZIP ORLANDO FL 32835				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME GOLDSTEN, MARY STREET ADDRESS 168 LAKE DRIVE CITY-ST-ZIP ORLANDO FL 32835				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME SNYDER, MARLANNE M STREET ADDRESS 9112 IVEY HILL CT. CITY-ST-ZIP ORLANDO FL 32819				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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, with all other like empowered.

SIGNATURE: Jean M. Shirley SIGNATURE REQUIRED: Jean M. Shirley DATE: 1/14/99 DAYTIME PHONE #: 407-299-5764

CR2E037 (11/98)