


# FILE NOW: FILING FEE IS \$61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1996</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000000282 (4)**

1. Corporation Name

**CLEARWATER BOMBERS, INC.**

Principal Place of Business

Mailing Address

**BOMBER STADIUM  
651 N OLD COACHMAN ROAD  
CLEARWATER FL 34625  
US**

**11151-66TH ST. N.  
#401  
LARGO FL 34643**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/19/1993</b>		3a. Date of Last Report <b>01/20/1995</b>	
21		26		4. FEI Number <b>59-3160865</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
24	Zip	25	Country	29	Zip	30	Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KAUFMANN, BRUCE  
11151-66TH ST. N.  
SUITE 401  
LARGO FL 34643**

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 *Bruce Kaufmann, Jr.*

Signature of officer or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/25/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDP	1.1 TITLE	<b>VICE PRES D</b>
NAME	<b>KAUFMANN, BRUCE G</b>	1.2 NAME	<b>WILLIAM R. SEABROOK</b>
STREET ADDRESS	<b>11151-66TH ST. N. #401</b>	1.3 STREET ADDRESS	<b>547 DEWILLE DR E.</b>
CITY-ST-ZIP	<b>LARGO FL 34643</b>	1.4 CITY-ST-ZIP	<b>LARGO, FLA 34641</b>
TITLE	D	2.1 TITLE	<b>DIRECTOR D</b>
NAME	<b>DOTZLER, JOHN</b>	2.2 NAME	<b>ELZIE MAHONEY</b>
STREET ADDRESS	<b>10681 GULF BLVD. STE.210</b>	2.3 STREET ADDRESS	<b>4040 54th AVE N.</b>
CITY-ST-ZIP	<b>TREASURE ISLAND FL</b>	2.4 CITY-ST-ZIP	<b>ST. PETERSBURG, FLA 33712</b>
TITLE	D	3.1 TITLE	<b>SHARON SEABROOK SD</b>
NAME	<b>GREY, MICHAEL</b>	3.2 NAME	<b>547 DEWILLE DR E.</b>
STREET ADDRESS	<b>12425 U.S. 19 N.</b>	3.3 STREET ADDRESS	<b>LARGO FLA 34641</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	<b>RIVES, HOWARD 111</b>	4.2 NAME	
STREET ADDRESS	<b>1265 S. MYRTLE</b>	4.3 STREET ADDRESS	<b>400001742184</b>
CITY-ST-ZIP	<b>CLEARWATER FL 34616</b>	4.4 CITY-ST-ZIP	<b>-03/13/96--01113--021</b>
TITLE	D	5.1 TITLE	
NAME	<b>HARTMAN, WILLIAM</b>	5.2 NAME	
STREET ADDRESS	<b>13575-58TH ST. N. #131</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL 34620</b>	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	
NAME	<b>SMITH, PAMELA</b>	6.2 NAME	
STREET ADDRESS	<b>1709 DREW ST.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL 34615</b>	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: *Bruce Kaufmann, Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/25/96 (813) 541-3658**

CR2E037 (12/95)