


FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000002150 (1)**

1. Corporation Name

TW FASTPITCH, INC.



Principal Place of Business 650 GOODLETTE ROAD NORTH NAPLES FL 33941	Mailing Address P.O. BOX 9075 NAPLES FL 33941
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/11/1993	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. FEI Number 65-0408875	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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MOSCHEL, MICHAEL 27692 HICKORY BLVD BONITA SPRINGS FL 34134	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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10. Name and Address of New Registered Agent
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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSCHEL, MICHAEL	1.2 NAME	MICHAEL MOSCHEL
STREET ADDRESS	27692 HICKORY BLVD	1.3 STREET ADDRESS	27692 HICKORY BLVD SAME
CITY-ST-ZIP	BONITA SPRINGS FL	1.4 CITY-ST-ZIP	BONITA SPRINGS, FL
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRAHER, JOSEPH	2.2 NAME	KEITH CANTWELL
STREET ADDRESS	2237 POINCIANA ST	2.3 STREET ADDRESS	9801 TREASURE CAY LN.
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLIVEN, ROBERT	3.2 NAME	JOSEPH ISLEY
STREET ADDRESS	695 CORAL DR	3.3 STREET ADDRESS	6700 MAGNOLIA LN
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	FT MYERS, FL 33912
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANTWELL, KEITH	4.2 NAME	JOSEPH ISLEY
STREET ADDRESS	11545 PAWLEY AVE	4.3 STREET ADDRESS	6700 MAGNOLIA LN
CITY-ST-ZIP	BONITA SPRINGS FL	4.4 CITY-ST-ZIP	FT MYERS, FL 33912
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUTSI, ANTHONY	5.2 NAME	
STREET ADDRESS	1998 IMPERIAL GOLF COURSE BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

Michael P. Moschel

5-1-98

CR2E037 (10/97)