


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mertham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000002782 (1)

1. Corporation Name

WELLINGTON YOUTH BASEBALL, INC.



Principal Place of Business	Mailing Address
1625 FARMINGTON CIR #1-C WELLINGTON FL 33414 US	1625 FARMINGTON CR #1-C WELLINGTON FL 33414 US

3. Date Incorporated or Qualified 06/21/1993	
4. FEI Number 65-0418984	Applied For Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

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 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent

KOLOMAN, MAX J
2020 S. CONGRESS AVE.
#10
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name	WILLIAM G. SHOFSTALL
82 Street Address (P.O. Box Number is Not Acceptable)	828 SQUIRE DR.
83	
84 City	WELLINGTON
85 FL	33414

11. Pursuant to the provisions of Sections 617.0502 and 617.1509, 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]* DATE **1/12/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASLUP BARRY	1.2 NAME	
STREET ADDRESS	PO BOX 267	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOXATCHEE FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, ROBERT A	2.2 NAME	
STREET ADDRESS	1625 FARMINGTON CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOEWING, JANIS	3.2 NAME	
STREET ADDRESS	13427 KINGSBURY DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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: *[Signature]* **1/12/98**

CR2E037 (10/97)