SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995 8-N-95 B-8124C

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 AUG -7 AM 10:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N94000001894 (4)

1. Corporation Name
SEMINOLE LITTLE LEAGUE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
12100 - 90TH AVE. N. SEMINOLE FL 34645	P.O. BOX 3314 SEMINOLE FL 34645

3. Date Incorporated or Qualified: 04/18/1994
3a. Date of Last Report: ?
4. FEI Number: [ ] Applied For [X] Not Applicable
5. Certificate of Status Desired: [ ] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [ ] $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: [ ] FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [ ] Yes [X] No

2. Principal Place of Business	2a. Mailing Address
21 12100 90th AVE N	26 11935 HACIENDA SQ.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 APT. 171
City & State 23 Seminole	City & State 28 Seminole FL
Zip 24 34642 County 25 PINELLAS	Zip 29 34642 County 30 PINELLAS

9. Name and Address of Current Registered Agent

DIEM, ROBERT
10980 TEMPLE AVE.
SEMINOLE FL 34642

10. Name and Address of New Registered Agent

31 Name: Robert Diem
32 Street Address (P.O. Box Number is Not Acceptable)
33: 11935 HACIENDA SQ. # 171
34 City: Seminole FL 35 Zip Code: 34642

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: Robert Diem — Robert Diem — 7-31-95
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	D	11 TITLE	D	[ ] Change [ ] Addition
NAME	DIEN, ROBERT	12 NAME	Diem Robert	
STREET ADDRESS	10980 TEMPLE AVE.	13 STREET ADDRESS	11935 HACIENDA SQ. #171	
CITY-ST-ZIP	SEMINOLE FL 34645	14 CITY-ST-ZIP	Seminole FL 34642	
TITLE	D	21 TITLE	D	[X] Change [ ] Addition
NAME	PARKER, MARK	22 NAME	Bill Lewellen	
STREET ADDRESS	10499 JENNIFER TERR.	23 STREET ADDRESS	13384 87th AVE N	
CITY-ST-ZIP	LARGO FL 34644	24 CITY-ST-ZIP	Seminole FL 34646	
TITLE	D	31 TITLE		[ ] Change [ ] Addition
NAME	CROSBY, LEZAH	32 NAME		
STREET ADDRESS	10241 - 110TH WAY N.	33 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 34648	34 CITY-ST-ZIP		
TITLE		41 TITLE		[ ] Change [ ] Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		[ ] Change [ ] Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		[ ] Change [ ] Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E037 (3/95)

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)(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 Diem — 7-31-95 — 813 397-3341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0017003