

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997

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



DOCUMENT # N94000002198 (9)

1. Corporation Name

TAMARAC WINTER BASEBALL, INC.

Principal Place of Business

Mailing Address

8341 NW 52 ST
LAUDERHILL FL 33351
US

8341 NW 52 ST
LAUDERHILL FL 33351
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/03/1994

3a. Date of Last Report

06/25/1996

4. FEI Number

58-2169369

Applied For

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

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 8200 NW 74th Ave

2a. Mailing Address

26 8200 NW 74th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Tamarac FL

City & State

28 Tamarac FL 3

Zip

24 33321

Country

25 United

Zip

29 33321

Country

30 United

9. Name and Address of Current Registered Agent

GERTMAN, ROBERTA
8341 NW 52 ST
LAUDERHILL FL 33351

10. Name and Address of New Registered Agent

81 Name

James A Torchia

82 Street Address (P.O. Box Number is Not Acceptable)

8200 NW 74th Ave

83

84 City

Tamarac FL

85 Zip Code

33321

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

8/1/97

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | GERTMAN, ROBERTA | |
| STREET ADDRESS | 8341 NW 52 ST | |
| CITY-ST-ZIP | LAUDERHILL FL 33351 | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | SCHWACH, ALBERT | |
| STREET ADDRESS | 13257 NW 12 CT | |
| CITY-ST-ZIP | SUNRISE FL 33323 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | MARION, MARY | |
| STREET ADDRESS | 6831 NW 81 CT | |
| CITY-ST-ZIP | TAMARAC FL 33321 | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | GERTMAN, MICHAEL | |
| STREET ADDRESS | 8341 NW 52 ST | |
| CITY-ST-ZIP | LAUDERHILL FL 33351 | |
| TITLE | CMD | <input type="checkbox"/> DELETE |
| NAME | KESSLER, RICHARD | |
| STREET ADDRESS | 7750 NW 78 AVE 207 | |
| CITY-ST-ZIP | TAMARAC FL 33321 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------------------------|--|
| 1.1 TITLE | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | James A Torchia | |
| 1.3 STREET ADDRESS | 8200 NW 74th Ave | |
| 1.4 CITY-ST-ZIP | Tamarac FL 33321 | |
| 2.1 TITLE | VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Leo Gagliardi | |
| 2.3 STREET ADDRESS | 6020 Woodland Pt. Drive | |
| 2.4 CITY-ST-ZIP | Tamarac FL 33321 | |
| 3.1 TITLE | S | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Marianne Torchia | |
| 3.3 STREET ADDRESS | 8200 NW 74th Ave | |
| 3.4 CITY-ST-ZIP | Tamarac FL 33321 | |
| 4.1 TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Phil Vento | |
| 4.3 STREET ADDRESS | 4473 NW 67th Ave | |
| 4.4 CITY-ST-ZIP | Orlando Springs FL 33067 | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 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 do 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 REQUIRED

President

954-7222008

CR2E037 (4/97)