


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90099 009 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000002882					
1. Corporation Name FOREST HILLS YOUTH BASEBALL, INC.					
Principal Place of Business 9630 ORANGE GROVE DR TAMPA FL 33618 US			Mailing Address P.O. BOX 270054 TAMPA FL 33688 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/10/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3250688	
24 Country		29 Country		30	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing				<input type="checkbox"/> Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BACCARELLA, DOMINIC J 1505 N FLORIDA AVE TAMPA FL 33202				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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

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	DT	<input type="checkbox"/> DELETE		1.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BISHOFF, DUANE			1.2 NAME	DUANE BISHOFF		
STREET ADDRESS	6416 N GOMEZ			1.3 STREET ADDRESS	1011 Sylvia Lane		
CITY-ST-ZIP	TAMPA FL			1.4 CITY-ST-ZIP	Tampa FL 33613		
TITLE	DVP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	DVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PERRY, ART			2.2 NAME	PAT NUNEZ		
STREET ADDRESS	10380 CARROLLWOOD LANE			2.3 STREET ADDRESS	3130 Henry		
CITY-ST-ZIP	TAMPA FL			2.4 CITY-ST-ZIP	Tpa FL 33614		
TITLE	DP	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GEYER, WILLIAM J.			3.2 NAME	WILLIAM PTAK		
STREET ADDRESS	148 SHITAKER ROAD			3.3 STREET ADDRESS	3401 Hollyhock Way		
CITY-ST-ZIP	LUTZ FL			3.4 CITY-ST-ZIP	Tampa, FL 33618		
TITLE	DVP	<input type="checkbox"/> DELETE		4.1 TITLE	DVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASTELLON, ARMANDO			4.2 NAME	Armando Castellon		
STREET ADDRESS	1101 METWOOD COURT			4.3 STREET ADDRESS			
CITY-ST-ZIP	BRANDON FL			4.4 CITY-ST-ZIP			
TITLE	DV	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	Case R Kidd GUP.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WITTCOFF, JESSICA			5.2 NAME	14305 Lofton Way		
STREET ADDRESS	11744 LIPSEY ROAD			5.3 STREET ADDRESS	Tpa Fla. 33625		
CITY-ST-ZIP	TAMPA FL			5.4 CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> DELETE		6.1 TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIDD DOREEN			6.2 NAME	Doreen Kidd		
STREET ADDRESS	14305 LOFTON WAY			6.3 STREET ADDRESS	14305 Lofton Way		
CITY-ST-ZIP	TAMPA FL			6.4 CITY-ST-ZIP	Tampa Fla. 33625		

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)

1/11/99 265-2142 H
238-8671 + 297 W