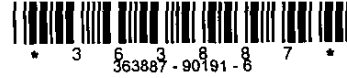


FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90039 050 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000000634					
1. Corporation Name DAVE GIRLS' SOFTBALL, INC.					
Principal Place of Business 11860 SW 13TH CT DAVIE FL 33325 US			Mailing Address P O BOX 291371 DAVIE FL 33329 US		



2. Principal Place of Business 21 1450 NW 115th AVE Suite, Apt. #, etc.		2a. Mailing Address 26 PO BOX 291371 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/09/1995	
22. City & State 23 Pembroke Pines FL Zip Country 24 33026 25		27. City & State 28 DAVIE FL Zip Country 29 33329 30		4. FEI Number 65-0561341 Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
8. Name and Address of Current Registered Agent FRANK RAMIREZ 11860 SW 13TH CT DAVIE FL 33325			10. Name and Address of New Registered Agent 81 Name JEFF NORMAN 82 Street Address (P.O. Box Number is Not Acceptable) 1450 NW 115 AVE. 83 84 City PEMBROKE PINES FL 85 Zip Code 33026		

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/22/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE	PD FRANK RAMIREZ 11860 SW 13TH CT DAVIE FL 33325	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☒ Change ☐ Addition	PRESIDENT D JEFF NORMAN 1450 NW 115 AVE PEMBROKE PINES FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE	VD JEFF NORMAN 1450 NW 115TH AVE PEMBROKE PINES FL 33026	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☒ Change ☐ Addition	VICE PRESIDENT D DALE RAWLS 1010 SW 16th CT DAVIE FL 33066
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE	SD KEVIN RORABAUGH 4200 SW 67TH TERR DAVIE FL 33314	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☒ Change ☐ Addition	SECRETARY D DON RHODES 10530 NW 18th Pl PEMBROKE PINES, FL 33086
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE	TD SANDRA LLOYD 4221 SW 67TH TERR DAVIE FL 33314	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☒ Change ☐ Addition	TREASURER D RONDA SHAMBLIN 4150 SW 56th AVE DAVIE FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition	

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

3/17/99

810 8562

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)