SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Oct 08 1998 8:00am
Secretary of State

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DOCUMENT # N95000001275 (5)

1. Corporation Name

CENTRAL PINES LITTLE LEAGUE, INC.

Principal Place of Business	Mailing Address
4329 SW 74TH AVE DAVIE FL 33314	4329 SW 74TH AVE. DAVIE FL 33314

3. Date Incorporated or Qualified: 03/16/1995
4. FEI Number: 65-0565387 [ ] 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
7. Is this nonprofit corporation a homeowners association? [ ] Yes [ ] No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. **Name and Address of Current Registered Agent**

BOYD, CLAYTON
4329 SW 74TH AVE.
DAVIE FL 33314

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	DV
NAME	MILLER, SR., ROY	1.2 NAME	CHUCK GARDNER
STREET ADDRESS	7131 CUSTER ST.	1.3 STREET ADDRESS	920 N. 73 WAY
CITY-ST-ZIP	HOLLYWOOD FL 33024	1.4 CITY-ST-ZIP	HOLLYWOOD FL 33024
TITLE	DT	2.1 TITLE	DT
NAME	BURZO, TERRI	2.2 NAME	ED DONLON
STREET ADDRESS	7641 NW 5TH ST	2.3 STREET ADDRESS	7910 TAFT ST.
CITY-ST-ZIP	PEMBROKE PINES FL 33024	2.4 CITY-ST-ZIP	PEMBROKE PINES FL 33024
TITLE	DS	3.1 TITLE	DS
NAME	DESCALZO, NITA	3.2 NAME	SARAH STOTEVILLE
STREET ADDRESS	10316 SW 48 CT.	3.3 STREET ADDRESS	2415 N. 20 AVE
CITY-ST-ZIP	COOPER CITY FL 33326	3.4 CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	DP	4.1 TITLE	
NAME	BOYD, CLAYTON	4.2 NAME	
STREET ADDRESS	4329 SW 74TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33314	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

[X] DELETE / [ ] DELETE — [X] Change [ ] Addition; [X] Change [ ] Addition; [X] Change [ ] Addition; [ ] Change [ ] Addition; [ ] Change [ ] Addition; [ ] 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.

SIGNATURE: Clayton Boyd Clayton Boyd 9-26-98 904 4 12 3241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/98)