

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000001758 (0)

1. Corporation Name

TAMPA RAYS AAU BASEBALL, INC.

Principal Place of Business

Mailing Address

4421 LARKFIELD LANE  
TAMPA FL 336244421 LARKFIELD LANE  
TAMPA FL 33624-11483. Date Incorporated or Qualified  
04/13/19953a. Date of Last Report  
03/20/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ABARBANEL, MICKEY  
4421 LARKFIELD LANE  
TAMPA FL 33624

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

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 DELETE  
NAME ABARBANEL, MICKEY  
STREET ADDRESS 4421 LARKFIELD LANE  
CITY-ST-ZIP TAMPA FL 336241.1 TITLE Change Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP Change AdditionTITLE D DELETE  
NAME NOWOTNY, WILHELM  
STREET ADDRESS 4120 BRENTWOOD PARK CIRCLE  
CITY-ST-ZIP TAMPA FL 336242.1 TITLE Change Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP Change AdditionTITLE T DELETE  
NAME DIAMIO, MIKE  
STREET ADDRESS 6604 BAYBROOKS CIRCLE  
CITY-ST-ZIP TEMPLE TERRACE FL3.1 TITLE Change Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP Change AdditionTITLE DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP4.1 TITLE Change Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP Change AdditionTITLE DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE Change Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP Change AdditionTITLE DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE Change Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0048723

CR2E037 (9/96)