


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N95000002511 (2) 1. Corporation Name BRATBALL, INC.	



Principal Place of Business 5631 1ST STREET NORTH ST. PETERSBURG FL 33742	Mailing Address POST OFFICE BOX 20592 ST. PETERSBURG FL 33742-0592
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-3315147	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24 33703	Country 25	Zip 29	Country 30

3. Date Incorporated or Qualified 05/26/1995	3a. Date of Last Report
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SMITH, VINCENT 5631 1ST STREET NORTH ST. PETERSBURG FL 33742		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 33703	

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: Vincent Smith (NOTE: Registered Agent signature required when reinstating) DATE: **7-19-96**

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	D	
NAME	SMITH, VINCENT	
STREET ADDRESS	5631 1ST STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33742	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GILLETTE, GEORGE	
STREET ADDRESS	5631 1ST STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33742	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MADDEN, JULIE	
STREET ADDRESS	116 12TH AVENUE, NORTH EAST	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POLING, MAGGIE	
STREET ADDRESS	1815 76TH AVENUE, NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHITLOW, NICOLE	
STREET ADDRESS	11584 118TH STREET, NORTH	
CITY-ST-ZIP	LARGO FL 34648	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MEISTER, ELLEN	
STREET ADDRESS	6650 STEWART AVENUE, NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	O Maria Good		
2.3 STREET ADDRESS	5728 Calais Blvd, #3		
2.4 CITY-ST-ZIP	St. Petersburg FL 33714		
3.1 TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	D Dawn Accetta		
3.3 STREET ADDRESS	2931 Dartmouth Ave N		
3.4 CITY-ST-ZIP	St Petersburg FL 33713		
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
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 checked="" type="checkbox"/> Addition
6.2 NAME	D Marie Straight		
6.3 STREET ADDRESS	200 82nd Ave N		
6.4 CITY-ST-ZIP	St Petersburg FL 33702		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Vincent Smith DATE: **7-19-96** 813-522-8449 Daytime Phone #

CR2E037 (3/96)