

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 27 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
 5631 1ST STREET NORTH POST OFFICE BOX 20592
 ST. PETERSBURG FL 33703 ST. PETERSBURG FL 33742-0592
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/26/1995
 3a. Date of Last Report 07/23/1996

4. FEI Number 59-3315147 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

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 6502 19th Way North 26
 Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27
 St. Petersburg FL City & State

23 Zip Country 28 Zip Country
 33702 USA 29 30

9. Name and Address of Current Registered Agent

SMITH, VINCENT
 5631 1ST STREET NORTH
 ST. PETERSBURG FL 33742

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 6502 19th Way North
 83
 84 City St. Petersburg FL 85 Zip Code 33702

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 Vincent Smith 8/20/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, VINCENT	
STREET ADDRESS	5631 1ST STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33742	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOOD, MARIA	
STREET ADDRESS	5728 CALAIS BLVD #3	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ACCETTA, DAWN	
STREET ADDRESS	2931 DARTMOUTH AVENUE N	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	POLING, MAGGIE	
STREET ADDRESS	1815 78TH AVENUE, NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WHITLOW, NICOLE	
STREET ADDRESS	11564 116TH STREET, NORTH	
CITY-ST-ZIP	LARGO FL 34648	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STRAIGHT, MARIE	
STREET ADDRESS	200 62ND AVENUE AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Vincent Smith	
1.3 STREET ADDRESS	6502 19th Way N	
1.4 CITY-ST-ZIP	St Petersburg FL 33702	
2.1 TITLE	Patricia Hemsley - Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Patricia Hemsley - Director	
2.3 STREET ADDRESS	6804 120th Place North	
2.4 CITY-ST-ZIP	Pinellas Park FL 33773	
3.1 TITLE	Jeff Gaudet - Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jeff Gaudet - Director	
3.3 STREET ADDRESS	798 Cattle Court NE	
3.4 CITY-ST-ZIP	St. Petersburg FL 33703	
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 type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 REQUIRED 8/20/97 812-572-8449

CR20037 (4/97)