


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90008 024 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N95000002511 ✓		
1. Corporation Name BRATBALL, INC.		
Principal Place of Business 638 79TH TERRACE N SUITE 312 ST. PETERSBURG FL 33702 US	Mailing Address POST OFFICE BOX 20592 ST. PETERSBURG FL 33742-0592	

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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 3542 66th Street North	26	05/26/1995
22 #502	27	4. FEI Number 59-3315147
23 St Petersburg FL	28	5. Certificate of Status Desired <input checked="" type="checkbox"/> NO \$8.75 Additional Fee Required
24 33710 Country USA	29	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SMITH, VINCENT 638 79TH TERRACE N SUITE 312 ST. PETERSBURG FL 33702	81 Name Vincent Smith 82 Street Address (P.O. Box Number is Not Acceptable) 3542 66th Street North, #502 83 84 City St Petersburg FL 85 Zip Code 33710

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, Director DATE: 7/6/99

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	D <input type="checkbox"/> DELETE	1.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, VINCENT	1.2 NAME	Vincent Smith
STREET ADDRESS	6502 19TH WAY N	1.3 STREET ADDRESS	3542 66th Street North, #502
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	St Petersburg FL 33710
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOOD, MARIA	2.2 NAME	
STREET ADDRESS	5728 CALAIS BLVD #3	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACCETTA, DAWN	3.2 NAME	
STREET ADDRESS	2931 DARTMOUTH AVENUE N	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIES, CHERYL	4.2 NAME	
STREET ADDRESS	7148 LOCUST STREET NE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33702	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAUDET, JEFF	5.2 NAME	Beth Banger
STREET ADDRESS	798 CATTAIL COURTH NE	5.3 STREET ADDRESS	8790 53rd Way North
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	Pinellas Park FL 33782
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAIGHT, MARIE	6.2 NAME	
STREET ADDRESS	200 82ND AVENUE AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	6.4 CITY-ST-ZIP	

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: Vincent Smith, Director DATE: 7/6/99 DAYTIME PHONE #: 727-458-3398

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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