SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 **7580** AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State FILED DIVISION OF CORPORATIONS 1996 N95000003477 (5) **DOCUMENT #** 96 AUG 21 PM 1:14 ORLANDO RAGE BASEBALL, INC. Mailing Address Principal Place of Business 9308 PINE MEADOWS COURT 8308 PINE MEADOWS COURT ORLANDO FL 32825 ORLANDO FL 32825 3. Date incorporated or Qualified 3a. Date of Last Report 07/21/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable
\$8.75 Additional 4986 RABAMA PLACE 4986 RABAMA PLACE 21 Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution la 8. This corporation has liability for intangible tax under s. 199.032. Yes No Florida Statutes 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) MINERVINI, ROBERT H 82 **18 RANDIA DRIVE** 83 ORLANDO FL 32807 85 Zip Code City 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 (NOTE: Registered Agent signature required when reinstalling) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 11 TITLE TITLE **CR2E037** MINERVINI, ROBERT H 12 NAME NAME **18 RANDIA DRIVE** 13 STREET ADDRESS STREET ADORESS ORLANDO FL 32807 1.4 CITY - ST - ZIP Change Addition CITY-ST-ZIP VVINACKE, MICHAEL S. T/5 VINACKE, MICHAEL S DELETE 21 TITLE TITLE 22 NAME 986 RABAMA PLACE NAME 9308 PINE MEADOWS COURT 2 3 STREET ADORESS STREET ADDRESS ORLANDO FLORIDA ORLANDO FL 32825 2 4 CITY - ST - ZIF CITY ST-ZIP Addition Change DELETE 3 1 TITLE TITLE MINERVINI, VIRGINIA 3 2 NAME NAME 6022 CHENANGO LANE 3.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32807 34. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4 1 TITLE TITLE 4.2 NAME NAME 43 STREET ADDRESS STREET ADDRESS 4.4 City - ST- ZIP CITY-ST-ZIP Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY - ST - ZIP Addition Change DELETE 6.1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I do hereby certify that the information exposited with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes I further certify that the information indicated by this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if further certify that the information indicated by this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if further certify that I am an officer or director of the proporation 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 12 or on an attachment with an address.

SIGNATURE:

ATTAL THE COURSE OF PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Daylime Prione # C004596