## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 10 1998 8:00am Secretary of State

1. Corporati	on Name		01373 (7	,						
		RTY LEAGUE, IN								
Principal Pla	ce of Business		Mailing Address							
1715 N WEST: SUITE 750 TAMPA FL 330			1715 N WESTSHORE BLY Suite 750 Tampa fl 33607-3826	√D			3. Date incorporated or Qualified 07/06/1992			
(18M) F1 ( E							4. FEI Number 59-3145482			Applied For Not Applicable
2. Principal	Place of Business	<b>├</b>	2a. Mailing Address				5. Certificate of Status Desired			75 Additional se Required
Suite, Ap	t.#, etc.	2	Suite, Apt. #, etc.				Election Campaign Financing Trust Fund Contribution		<b>-</b>	00 May Be led to Fees
City & Sta	ate		City & State		,	·	7. Is this nonprofit corporation a ho		assoc No	lation?
Zip	25 Co	ountry	Zip	30 Co.	ntry		This corporation owes or has pa Personal Property Tax due June	30.	Yes	ar Intangible
<del></del>	9. Name and A	ddress of Current Re	gistered Agent				10. Name and Address of New Re	gistered A	gent	
OPECO	COANK I				81	Name		-1-1		
GRECO, FRANK J 1715 N WESTSHORE BLVD 750				82	Street Addr	ess (P.O. Box Number is Not Acceptable)				
STE 75	0	10 100			83					
TAMPA FL 33607				84			FL		Zip Code	
l office or	r registered agent, or	both. In the State of F	d 617.1508, Florida Sta Jorida. Such change wa is of, Section 617.0503,	is authorize	a by	the corporati	oration submits this statement for the join's board of directors. I hereby acce	ourpose of option	chang intme	ing its registered nt as registered
SIGNATURE	Flooring to the section relation	d name of registered agent and	d title Manelicable (A	OTF: Registers	1.40	nt signature require	ed when reinstating)	DATE		<del></del>
	Signature, typed or printer	G DRUM OF INDISTRIBUTE STORY SIK	o tito ii appricative. (19	TOTAL PROPERTY		a a filmenta i adam			DIDE	2TO00 IN 40

SIGNATURE _	Signature, typed or printed name of registered agent and title if	applicable. (f	NOTE: Registered Agent signature require			
12.	OFFICERS AND DIRECT		13.	ADDITIONS/CHANGES TO OFFICERS AND DIREC		
TITLE	0	DELETE	1.1 TITLE	☐ Cha	nge 🗀 A	Addition
NAME	SKAATES, LYDIA		1.2 NAME			
STREET ADDRESS	4301 N TRASK STREET		1.3 STREET ADDRESS	•		
CITY-ST-ZIP	Tampa Fl		1.4 CITY-ST-ZIP			
TITLE	D	DELETE	2.1 TITLE	☐ Cha	nge 🔲 A	Addition
NAME	Lynn, Helen		2.2 NAME			
STREET ADDRESS	8111 RIVER SHORE DRIVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		2. 4 CITY-ST-ZIP			
TITLE	D	DELETE	3.1 TITLE	□ Ch	nge 🔲 /	Additio
NAME	SUTOR, VIOLA		3.2 NAME			
STREET ADDRESS	4102 N LAUBER WAY		3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		3.4. CITY-ST-ZIP			
TITLE	D	☐ DELETE	4.1 TITLE	□ Cha	nge 🛄 A	Additio
NAME	JESSEN, DAVID L		4. 2 NAME			
STREET ADDRESS	5014 HESPERIDES		4.3 STREET ADORESS			
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP			
TITLE	D	DELETE	5.1 TITLE	□ ch	nge ∐ /	Addition
NAME	BITTMANN, CHRIS		5.2 NAME			
STREET ADDRESS	PO BOX 15423 N/A		5.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE	Ch	nge 🔲 /	Additio
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-7IP			6.4 CITY - ST - ZIP			

14. 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 AFLEN LYNN ON Palan Signal