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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002285

1. Corporation Name

BENGAL BASEBALL BOOSTERS, INC.

Principal Place of Business

8601 NW 52ND COURT
 LAUDERHILL FL 33351
 US

Mailing Address

8601 NW 52ND COURT
 LAUDERHILL FL 33351
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/26/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0683114	
City & State		City & State		5. Certificate of Status Desired	
23		28		X \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution	
Country		Country		30	
25		30		5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

STUART, CLIFF
4530 N.W. 65TH WAY
LAUDERHILL FL 33319

10. Name and Address of New Registered Agent

81 Name	K. TINA SOMERS
82 Street Address (P.O. Box Number is Not Acceptable)	8601 N.W. 52ND COURT
83	LAUDERHILL
84 City	FL
85 Zip Code	33351

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 K. Tina Somers K. TINA SOMERS 6-10-99
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	STUART, CLIFF	1.2 NAME	CATHY COLLARO
STREET ADDRESS	4530 N.W. 65TH WAY	1.3 STREET ADDRESS	10501 N.W. 21ST STREET
CITY-ST-ZIP	LAUDERHILL FL	1.4 CITY-ST-ZIP	SUNRISE, FL 33322
TITLE	VD	2.1 TITLE	VD
NAME	ORGAN, DOUG	2.2 NAME	LARRY FELLER
STREET ADDRESS	8361 NW 46TH ST	2.3 STREET ADDRESS	5481 N.W. 81ST TERRACE
CITY-ST-ZIP	LAUDERHILL FL	2.4 CITY-ST-ZIP	LAUDERHILL, FL 33351
TITLE	TD	3.1 TITLE	TD
NAME	CUNNINGHAM, EDWARD	3.2 NAME	JEAN CROOK
STREET ADDRESS	8651 NW 47TH COURT	3.3 STREET ADDRESS	4134 N.W. 79TH AVE.
CITY-ST-ZIP	LAUDERHILL FL 33351	3.4 CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	SD	4.1 TITLE	
NAME	SOMERS, TINA	4.2 NAME	
STREET ADDRESS	8601 NW 52ND CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: K. Tina Somers K. TINA SOMERS 6-10-99 (954) 730-2751
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)