


**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90011 006 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N97000003502**

1. Corporation Name

**COLLIER CUBS SOFTBALL, INC.**

Principal Place of Business

141 SHARWOOD DR.  
NAPLES FL 34110

Mailing Address

P.O. BOX 275  
NAPLES FL 34106

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 822 97 <sup>th</sup> Ave N		26 822 97 <sup>th</sup> Ave N		06/17/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0786498	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Naples FL		28 Naples FL		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24 34108		29 34108		30 USA	

9. Name and Address of Current Registered Agent

HUDGINS, THOMAS F ESQ  
 C/O PAULICH, SLACK & WOLFF, P.A.  
 801 ANCHOR RODE DRIVE, SUITE 203  
 NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name Barb Brooks  
 82 Street Address (P.O. Box Number is Not Acceptable) 211 Bay Front Dr.  
 83  
 84 City Bonita Sp. Fla. FL 85 Zip Code 34134

11. Pursuant to the provisions of Sections 817.0502 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 817.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reappointing)

1-31-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PRESIDENT = P (D)
NAME	RESOP, KATHIE E	1.2 NAME	Barb Brooks
STREET ADDRESS	141 SHARWOOD DR.	1.3 STREET ADDRESS	211 Bay Front Dr.
CITY-ST-ZIP	NAPLES FL 34106	1.4 CITY-ST-ZIP	Bonita Sp. Fla. 34134
TITLE	D	2.1 TITLE	SECRETARY = S (D)
NAME	HEDBERG, BARBARA	2.2 NAME	DUNCAN, PATTY
STREET ADDRESS	778 105TH AVE. N.	2.3 STREET ADDRESS	465 Cypress Way E
CITY-ST-ZIP	NAPLES FL 34110	2.4 CITY-ST-ZIP	Naples, FL 34110
TITLE	D	3.1 TITLE	TREASURER = T
NAME	MATULAY, PATRICIA D	3.2 NAME	Sherwood, Cathy J (D)
STREET ADDRESS	2310 ARBOUR WALK CIRCLE	3.3 STREET ADDRESS	822 97 <sup>th</sup> Ave N
CITY-ST-ZIP	NAPLES FL 34109	3.4 CITY-ST-ZIP	Naples, FL 34108
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Cathy J. Sherwood

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

CATY J. SHERWOOD

1-9-99

Date

94-547-9236

Daytime Phone #

CR2E037 (11/98)