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Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000006959 (7)

1. Corporation Name

TAMPA BAY RENEGADES BASEBALL CLUB, INC.



Principal Place of Business

Mailing Address

10 HAMMOCK PLACE  
SAFETY HARBOR FL 34695

10 HAMMOCK PLACE  
SAFETY HARBOR FL 34695

3. Date Incorporated or Qualified  
12/15/1997

4. FEI Number

59-3467580

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAYLOR, CAPP P  
10 HAMMOCK PLACE  
SAFETY HARBOR FL 34695

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Capp Taylor, President  
10 Hammock place  
Safety Harbor FL 34695 D

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Jeff Paul, Vice President  
3153 Bay Lane  
Clearwater, FL 33759 D

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Tim Scheuer mann  
Vice, President  
115 Crestwood Drive  
Safety Harbor, FL 34695 D

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETED

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETED

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETED

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
Change Addition

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.

SIGNATURE:

*[Signature]* CAPT. P. TAYLOR 4/29/98 313 220 2502

CR2E037 (10/97)