

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Mar 11 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P26829 (2)**  
 1. Corporation Name  
**PAT ROESSLER'S ALL-STAR HITTING CAMPS, INC.**



Principal Place of Business <b>4721 FOY PLACE SARASOTA FL 34243 US</b>	Mailing Address <b>4721 FOY PLACE SARASOTA FL 34243 US</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>4669 ALEXANDER POPE LANE</b>		2a. Mailing Address 26 <b>4669 ALEXANDER POPE LANE</b>		3. Date incorporated or Qualified <b>11/09/1989</b>	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number <b>52-6511209</b>	
23 City & State <b>SARASOTA, FL</b>		28 City & State <b>SARASOTA, FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Zip <b>34241</b>		25 Country <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
29 Zip <b>34241</b>		30 Country <b>USA</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>GELLINGER, MICHAEL A. 604 WEST CHESTER DRIVE SARASOTA FL 34235</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code <b>FL</b>	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
P	ROESSLER, PATRICK A 4721 FOY PLACE SARASOTA FL	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
V	ROESSLER, DAVID M. 3716 EAST MEDLOCK PHOENIX AZ	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS <b>4669 ALEXANDER POPE LANE</b>
ST	ROESSLER, RANDALL J. 2624 E. PIERSON PHOENIX AZ	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP <b>SARASOTA, FL 34241</b>
D	ROESSLER, HOLLY 5428 E GRANDVIEW SCOTTSDALE AZ	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
D	ROESSLER, CINDI 4721 FOY PLACE SARASOTA FL	<input type="checkbox"/> DELETE	2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
D	ROESSLER, SUSAN 3716 EAST MEDLOCK PHOENIX AZ	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
			2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
			3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
			3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
			3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
			4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
			4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
			4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
			5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
			5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
			5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
			6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
			6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
			6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patrick A. Roessler* **3-4-98** **941-378-5878**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0488173

CR2E034 (10/97)