

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

FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000029912 (1)
 1. Corporation Name
JUPITER HAMMERHEADS BASEBALL CLUB, INC.



Principal Place of Business MUNICIPAL STADIUM 715 HANK AARON DR. W. PALM BCH. FL 33401	Mailing Address P.O. BOX 3566 W. PALM BCH. FL 33401
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Roger Dean Stadium Suite, Apt. #, etc. 22 4751 Main St. City & State 23 Jupiter, FL Zip 24 33458 Country 25 USN	20. Mailing Address 26 P.O. Box 8929 Suite, Apt. #, etc. 27 City & State 28 Jupiter, FL Zip 29 33468 Country 30 USN
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3. Date Incorporated or Qualified 04/21/1993	4. FEI Number 65-0472934	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**RABENECKER, ROBERT E., JR.
 715 HANK AARON DR.
 WEST PALM BEACH FL 33401**

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

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 _____ DATE _____
Signature, typed or printed name of registered agent, as applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> DELETE
NAME	BROCHU, CLAUDE R	
STREET ADDRESS	3445 REDPATH ST.	
CITY-ST-ZIP	MONTREAL QC H3G2G-7	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STONEMAN, WILLIAM H	
STREET ADDRESS	17 WILLOW P.O. BOX 386	
CITY-ST-ZIP	HUDSON QC JOP 1H-0	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RABENECKER, ROBERT E	
STREET ADDRESS	3726 SAVOY LANE	
CITY-ST-ZIP	W. PALM BCH. FL 33417	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	CARPENTIER, LAURIER M	
STREET ADDRESS	476 JUBILEE CRESCENT	
CITY-ST-ZIP	BEACONSFIELD QC H9W5L-2	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or changed in attachment with an address.

SIGNATURE: 

CR2E034 (10/97)