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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

CITY-ST-ZIP

DOCUMENT # P93000030124 (0)

MAIL BOX SIGNAL BALL, INC. Principal Place of Business Mailing Address 8897 MIDNIGHT PASS ROAD APT. 306 SARASOTA FL 34242 SARASOTA FL 34242 SARASOTA FL 34242-3844					
ONINOUTH TE	U7276	ONINGOTA LE GAZAZ-GO	11	3. Date Incorporated or Qualified 04/07/1993	3a. Date of Last Report 02/16/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0420133	Applied For
Sulte, Apt.	#, etc	Suite, Apt. #, etc.		Certificate of Status Desired	Not Applicable \$8.75 Additional Fee Required
City & Stat	(e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country 25 9. Name and Address of Curren	Z(p)	Country 30	8. This corporation has liability for in Florida Statutes 10. Name and Address of New Re	Yes No
8897 APT. SAR 97. 11. Pursuant office or agent. 1 a SIGNATURE	Signature, typed or printed harval of egistered ager OFFICE HS ANI	d met ple d'applicaba (N DDRCCTORS	83 84 City lutes, the above-named corse authorized by the corporational Statutes. OIL Brigation Agent signature req.	Properties (P.O. Box Number is Not Acceptable poration submits this statement for the pation's board of directors. I hereby acceptance when reliestating) ADDITIONS/CHANGES TO OFFICE	FL 85 Zip Code urpose of changing its registered at the appointment as registered DAH ERS AND DIRECTORS IN 12
NAME STREET ADDRESS CITY-ST-ZIP	D STEINFELDT, EDWARD F 8897 MIDNIGHT PASS RD., API SARASOTA FL 34242	∟ DELETE 7. 306	1.1 THE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP		Change L. Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINFELDT, EUDENE S. 8897 MIDNIGHT PASS RD., APT SARASOTA FL	. 306	2 1 THEE 2 2 NAME 2 3 STHEEF ADDRESS 2 4 GHY-S1-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.1 THUF 3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-S1-7IP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DOTTE	4.1 THE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY - S1-74P		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DETER	5.1 THE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY: SI-7IP		Change Addition
TITLE NAME STREET ADDRESS		DELETE	6 1 DUF 6 2 NAM! 6 3 STREET ADDRESS		Change Addition

14. I do 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

64 CHY-\$1- ZiP

IDNATURE Mail har die la 100, a Quanto Stain 1011 1/10/9-