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

PROFIT CORPORATION ANNUAL REPORT

1998



25 29 32 29 Name and Address of Current Registered Agen

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000077991 (6)

TRIPLE M BASEBALL SCHOOL, INC.

Principal Place of Business

2. Principal Place of Business

21/220 S. Pineapole Rd.

MATULIA. MICHAEL K 18712 SW 93RD COURT

MIAMI FL 33157

Mailing Address

18712 SW 93RD COURT MIAMI FL 33157

City & State

STREET ADDRESS CITY-ST-ZIP

18712 SW 93RD COURT MIAMI FL 33157

2a. Mailing Address

City & State

26/220

FILED Feb 17 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>11/08/1993</u> Applied For S. Pineapple Pd. Not Applicable 65-0449407 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. ☐ No 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)

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 Signature, typod or printed name of registered agent and title d applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition TITLE D NAME MATULIA, MICHAEL K 1.2 NAME 18712 SW 93RD COURT STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33157** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME MATULIA, ELIZABETH J 2.2 NAME STREET ADDRESS 18712 SW 93RD COURT 2.3 STREET ADDRESS MIAMI FL 33157 CITY-ST-ZIP 2.4 City-St-ZIP DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change 4.1 TITLE ■ Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 611HLF ☐ Change ■ Addition TITLE 6.2 NAME NAME

Country

81 Name

82

83

City

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

111/48

352 , 43

Zip Code