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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

TRIPLE M BASEBALL SCHOOL, INC.

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Principal Place of Business Mailing Address									
2111 Country Club Rd 2111 Country Eustis, FL 32726 Eustis, FL 3						DO NOT WRITE IN THIS SPACE			
The state of the s						3. Date Incorporated or Qualifed			
Ì					11/	08/93			
2. Principal Place of Business		2a. Mailing Address		4. FEI Nu	mber		Aç	plied For	
21		26		65-	0449407			t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5 Cartifes	te of Status Desired			Additional	
221		27			- Jenara			Fee Re	equired
City & State	e ·	City & State			6. Election	Campaign Financing		•	May Be
23		28				und Contribution		Added	to Fees
Zip	Country	Zīp	Countr	У		rporation owes the curr			□No
24	25 29 30		0	Personal Property Tax. X Yes No. 10. Name and Address of New Registered Agent			LINO		
	9. Name and Address of Current	Registered Agent		41 44	10. Name	and Address of New I	(egistered A	gent	
714-0	hath I Matulia		8	1 Name					
Elizabeth J. Matulia			8:	2 Street A	ddress (P.O. Box	Number is Not Accepta	able)		
2111 Country Club Rd			<u></u>						
Eusti	s. FL 32726		8	3					
			8	4 City				85 Zip	Code
				1			<u> </u>		
	to the provisions of Sections 607.0502 egistered agent, or both, in the State of				orporation submit ration's board of d	s this statement for the irectors. I hereby acce	of the abboing	manging its Iment as re	gistered
agent la	m familiar with, and accept the obligat	ons of, section roots, i one							
SIGNATURE	Signature, typed or primed name of registered agent	and title if approache. NOTE: R	egistered Ag	ent signature (%	quired when reinstabing)		DATE		
12.	OFFICERS ANI		13.		ADDITIO	NS/CHANGES TO OF	EICERS AND	DIRECTO	3RS IN 12
		Ditter Loise	3		ADDITIO	Marchinates 10 of	-		
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14. hereby certify that the information supplied with this filling 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, with all other like empowered.

Elizabeth J. Matulia

6.3 STREET ACCRESS

6.4 CITY-ST-ZP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/99