

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000064161 (0)

1. Corporation Name

AMERICAN ASSOCIATION OF PROFESSIONAL BASEBALL PL
AYERS, INC.



Principal Place of Business

Mailing Address

220 SOUTH MILITARY TRAIL
DEERFIELD BEACH FL 33442

220 SOUTH MILITARY TRAIL
DEERFIELD BEACH FL 33442

2. Principal Place of Business

2a. Mailing Address

21 3700 Airport Rd.

26 3700 Airport Rd.

22 Suite 307

27 Suite 307

23 Boca Raton, FL.

28 Boca Raton, FL.

24 33431

25

29 33431

30

3. Date Incorporated or Qualified
08/30/1994

3a. Date of Last Report
08/18/1995

4. FEI Number

65-0563317

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STENNETT, RENNIE
220 S. MILITARY TRAIL
DEERFIELD BEACH FL 33442

81 Name

MARK D. BOGEN

82

Street Address (P.O. Box Number is Not Acceptable)

3700 Airport Rd.

83

Suite 307

84

City

Boca Raton

FL

85 Zip Code

33431

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 *Mark Bogen; MARK BOGEN*

1/20/96

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME: STENNETT, RENNIE
STREET ADDRESS: 220 S. MILITARY TRAIL
CITY-ST-ZIP: DEERFIELD BEACH FL 33442

TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE ☐ DELETE

NAME:
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TITLE ☐ DELETE

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STREET ADDRESS:
CITY-ST-ZIP:

TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME: Rennie Stennett
1.3 STREET ADDRESS: 3700 Airport Rd #307
1.4 CITY-ST-ZIP: Boca Raton, FL 33431

2.1 TITLE VP ☐ Change ☒ Addition

2.2 NAME: MARK BOGEN
2.3 STREET ADDRESS: 3700 Airport Rd. #307
2.4 CITY-ST-ZIP: Boca Raton, FL 33431

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Mark Bogen; MARK BOGEN, V.P.*

1/20/96

407-447-4105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)