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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P9400081355 (7)

## FILED Apr 21 1997 8:00am Secretary of State

FLORIDA BATTING CAGES, INC.  Principal Place of Business  Mailing Address  1260 BELLE AVENUE WINTER SPRINGS FL 32708  MAILING Address  P.O. BOX 195775 WINTER SPRINGS FL 32719-5775						water and the Million				
							3. Date Incorporated or Qualified		Date of Last R	eport
2 Drivers	Days of Europe	200	20	Mailing Address			11/04/1994 4. FEI Number	04	/04/1996	oplied For
<b>≰.</b> 71000par 1	Principal Piace of Business			1260 Bel	le Au	ę.	59-3304773		I A	
Suite, Ap	ol #, etc.		26	Suite, Apt. #, etc		<u> </u>			\$8.75	
2			27				5. Certificate of Status Desired		Fee Re	equired
City & St	ate		ļ,	City & State	siii. Maadaaa	· FL	6. Election Campaign Financing		\$5.00	
<u>Σ</u> ιρ	<b>/</b>	Country	28	Winter J	Pring:		Trust Fund Contribution	<u> </u>	Added	·····
4	-	es [	29	32708	30 \$	eminole	8. This corporation has liability for Florida Statutes	or intangibl Yes		. 199.032,
1		and Address of Currer			1301		10. Name and Address of New			
HA	ZELETT, DEN	ISE D				1 Name				<del>,</del>
	60 BELLE AVE				la la	12 Street Addre	ess (P.O. Box Number is Not Accep	table)		
W	inter spring	3S FL 32708			ļ.,		· · · · · · · · · · · · · · · · · · ·	······································	<del></del>	
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office o	in redistered age	ont, or both, in the State	of Flori	da Such change was	s authorized	by the corporation	oration submits this statement for the on's board of directors. I hereby ac-	cept the ap	pointment as	ragistered
agont. I	ram tamınar witr	n, and accept the oblig	jations o	r, Section 607.0505, i	riorida Statu	1 <b>e</b> s.				
SIGNATURE	E Signature typedio	or printed harrie of registered age				Agent signature require		DATE		
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Ž.	Signature type dio	OFFICERS AN	en and title	i dapplicable (N	OTE: Registered	Agent signature require	d when reinstating)	DATE		RS IN 12
<b>2</b> .	PTD HAZELETT	OFFICERS AN	en and title	ifappicable (N	OTE: Registered	Agent signature require	d when reinstating)	DATE	ID DIRECTOR	RS IN 12
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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 follock 13 if changed, or on an attachment with an address.

SIGNATURE:

DRATURE AND TYPED OR PRINTED NAME OF SKONING OFFICER OR DIRECTOR

97 696-208