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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000009869 (5)

ALL STARS SCHOOL OF BASEBALL, INC.

Principal Place of Business	Mailing Address			
590 KINGSBURY COURT WEST PALM BEACH FL 33414-3919	590 KINGSBURY COURT WEST PALM BEACH FL 33414-3919			
2. Principal Place of Business	2a. Mailing Address			
2. Principal Place of Business	2a. Mailing Address 26			
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FILED Apr 08 1997 8:00am Secretary of State



İ					01/31/1995	05/01/1996
2. Principal Place of Business 21 Sulte, Apt. #, etc. 22		2a. Mailing Address 26 Suite, Apt. #., etc.		4. FEI Number 65-0557649	Applied For Not Applicable	
				Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	7(p) Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No		
	9. Name and Address of Curr				10. Name and Address of New Reg	
SCHNEIDER, JOHN C 505 S FLAGLER DRIVE				81 Name 82 Street Address (P.O. Box Number is Not Acceptable)		
SUITE 1001, FLAGLER CENTER WEST PALM BEACH FL 33401			8	83		
			B	4 City		FL 85 Zip Code
11, Pursuant office or r agent. I a SIGNATURE					orporation submits this statement for the pi ration's board of directors. I hereby accep	rpose of changing its registered the appointment as registered
	Signature, typed or profied name of registered a	TO BE A CO		gent signature re	quired when roinstating)	DATE
12.	UFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	Change Addition
TITLE	DONCE CADI GO	Ļ DE				L Change L Adoution
NAME	PONCE, CARLOS		1.2 NAM			
STREET ADDRESS	590 KINGSBURY COURT		1.3 STRE	1 ADDRESS		
CITY-ST-ZIP	W PALM BEACH FL 33414		14 CITY			
TITLE	D	☐ DE	LETE 21 10 LE			Change Addition
NAME	PONCE, ROSSANA		2.2 NAME			
STREET ADDRESS	590 KINGSBURY COURT		2.3 STRE	T ADDRESS		
CITY-ST-ZiP	W PALM BEACH FL 33414		2 4 Ch y	- \$1 · 7/P	· · · · · · · · · · · · · · · · · · ·	4
TITLE		Ŭ D€	LETE 3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STRE	1 ADDRESS		
CITY-ST-ZIP			3.4. CITY	· SI · ZIP		
TITLE		DE DE	LETE 4110LE			Change Addition
NAME			4.2 NAM	F		
STREET ADDRESS			4.3 \$1RE	1 ADDRESS		
CITY-ST-ZIP			4.4 CITY	\$1-7IP		
TITLE		☐ DE				Change Addition
NAME			5.2 NAME	,		
STREET ADDRESS				1 ADDRESS		
City-St-ZIP			5.4 CHY-			
TITLE		D DE		31-ZII		Change Addition
NAME			62 NAMI			Titodilon
STREET ADDRESS				T ADDRESS		
				· \		
CITY-ST-ZIP	ny portify that the information areas	od with this filing-door	6.4 C(1Y-		ed in Section 119 07(3)(i) Florida Statutes	Lituther cortily that the

• 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 is 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 corporatioptor the receiver outrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change it, or on an injustry tent with an address.

CICALATURE.

1/4/07

(50) 300 VIDE