

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000011463 (3)

1. Corporation Name

SLUGGERS BATTING CAGES, INC.



Principal Place of Business

7623 BEACHVIEW DR.
N. BAY VILLAGE FL 33141

Mailing Address

7623 BEACHVIEW DR.
N. BAY VILLAGE FL 33141

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

3. Date Incorporated or Qualified

02/08/1995

3a. Date of Last Report

4. FEI Number

65-0558207

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

BOUTIN, PAUL W
7623 BEACHVIEW DR.
N. BAY VILLAGE FL 33141

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL 85. Zip Code

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

(NOTE: Registered Agent signature required when changing)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.0

NAME

STREET ADDRESS

CITY, ST, ZIP

11.1

NAME

STREET ADDRESS

CITY, ST, ZIP

11.2

NAME

STREET ADDRESS

CITY, ST, ZIP

11.3

NAME

STREET ADDRESS

CITY, ST, ZIP

11.4

NAME

STREET ADDRESS

CITY, ST, ZIP

11.5

NAME

STREET ADDRESS

CITY, ST, ZIP

DELETE

1.1 TITLE

Change Addition

1.2 NAME

Change Addition

1.3 STREET ADDRESS

Change Addition

1.4 CITY, ST, ZIP

DELETE

2.1 TITLE

Change Addition

2.2 NAME

Change Addition

2.3 STREET ADDRESS

Change Addition

2.4 CITY, ST, ZIP

DELETE

3.1 TITLE

Change Addition

3.2 NAME

Change Addition

3.3 STREET ADDRESS

Change Addition

3.4 CITY, ST, ZIP

DELETE

4.1 TITLE

Change Addition

4.2 NAME

Change Addition

4.3 STREET ADDRESS

Change Addition

4.4 CITY, ST, ZIP

DELETE

5.1 TITLE

Change Addition

5.2 NAME

Change Addition

5.3 STREET ADDRESS

Change Addition

5.4 CITY, ST, ZIP

DELETE

6.1 TITLE

Change Addition

6.2 NAME

Change Addition

6.3 STREET ADDRESS

Change Addition

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: *Paul W. Boutin* Paul W. Boutin Jan.23. 1996 (305)757-7777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)