

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000070723 (8)
 1. Corporation Name

ORLANDO SPORTSPLEX, INC.



Principal Place of Business: 600 WEST AMELIA STREET ORLANDO FL 32801
 Mailing Address: 600 WEST AMELIA STREET ORLANDO FL 32801

3. Date Incorporated or Qualified 09/13/1995	3a. Date of Last Report NA
4. FEI Number 59-3369910	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc	26 P.O. Box 4901
22 City & State	27 Suite, Apt #, etc
23 Zip	28 City & State Orlando, FL
24 Country	29 Zip 32802-4901
25	30 Country USA

9. Name and Address of Current Registered Agent

HEEKIN, JAMES F JR
215 NORTH EOLA DRIVE
ORLANDO FL 32801

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEEKIN, JAMES F JR	1.2 NAME	Robert A. Vander Weide
STREET ADDRESS	215 NORTH EOLA DRIVE	1.3 STREET ADDRESS	600 West Amelia Avenue
CITY-ST-ZIP	ORLANDO FL 32801	1.4 CITY-ST-ZIP	Orlando, FL 32801
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Jerry L. Tubergen
STREET ADDRESS		2.3 STREET ADDRESS	126 Ottawa N.W.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Grand Rapids, MI 49503
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	William Boer
STREET ADDRESS		3.3 STREET ADDRESS	126 Ottawa N.W.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Grand Rapids, MI 49503
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Scott Miller
STREET ADDRESS		4.3 STREET ADDRESS	601 East Rollins Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Orlando, FL 32803-9988
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	T/Asst. S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Scott Herring
STREET ADDRESS		5.3 STREET ADDRESS	600 West Amelia Avenue
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Orlando, FL 32801
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Des D. Cummings, Jr.
STREET ADDRESS		6.3 STREET ADDRESS	601 East Rollins Street
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Orlando, FL 32803-9988

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 06/11/96 (407) 649-3200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)