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

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT DE STATE

FILED

Mar 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000024953 (7)

BASEBALL CARD CLUBHOUSE III, INC.

Principal Place of Business		Mailing Address				# 100/1641 TIO TOTAL ORIGIN ORIGIN DOUGH ODIAN ODIAN TION OTHER THAN 1861			
31608 US HWY 19 N PALM HARBOR FL 34684		31608 US HWY 19 N PALM HARBOR FL 34884-3723							
						3. Date Incorporated or Qualified 03/15/1996	3a. Da	ile of Last F	Report
· ·	Place of Business	2a. Mailing Address			4. FEI Number 59 - 336 8/19			pplied For	
Suite, Apt. #, etc		26			¢0 75 a days				
22		27			5. Certificate of Status Desired			equired	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be				
23		28			Trust Fund Contribution			to Fees	
Zip				intry		8. This corporation has liability for i	. ~ _	_	s. 199.032,
24	25 9. Name and Address of Current	29 Registered Agent	[30]			Florida Statutes 10. Name and Address of New Reg		No	
WII	SON, WARREN A III	nogoto ou Agen		81	Name	10. Name and Addition to	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	808 US HWY 19 N			82	Stront Ada	dress (P.O. Box Number is Not Acceptab	In\		
	M HARBOR FL 34684			82	Street Add	iless (P.O. box Number is Not Acceptab	16)		
				83					
				84	City	10 000	FL	85 Zip	Code
11. Purement	to the provisious of Sections 607 0500	and 607 1508 Horida Stati	ites the at	2000	named cor	poration submits this statement for the ri		changing i	ls registered
office or r agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was lions of, Section 607.0505, F	authorized lorida Stat	d by lutes	the corpora	poration submits this statement for the p thon's board of directors, I hereby accep	t the app	ointment as	registered
SIGNATURE	Signature, lyped or profes name of registers diaget	OK	vi . D		5.5.00.00.20	uired when reinstating)	DATE		
12.	OFFICERS AND		13.	a ruge	rit signal the requ	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12
TITLE	D	DELETE	1,1 311	IL €		Manual No. 119 and 119		Change	Addition
NAME	WILSON, WARREN A III		1.2 N/	M.E					
STREET ADDRESS	31608 US HWY 19 N		1.3 S1	IREE T	ADORESS				
CITY-ST-ZIP	PALM HARBOR FL 34684	· · · · · · · · · · · · · · · · · · ·	14 Ci		1 - 7IP			, , , , , , , , , , , , , , , , , , , 	
TITLE]	DELETE	2111					Change	Addition
NAME			22 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		DETETE	311		I - 7(P			Change	Addition
NAME			3 2 NA						=
STREET ADDRESS			3.3 ST	IREL 1	ADORESS.				
CITY-ST-ZIP			3.4. C	(1Y-S	iT - ZII!				
TITLE		DELFTE	4.1 Ti	TLE .				Change	Addition
NAME			4 2 N	ŀ					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		DELETE	4.4 C	(-S	1 - 2 IF			Change	Addition
TITLE NAME		FT orrest	5 1 TI 5.2 N	11				LI CHANGE	☐ vacuion
STREET ADDRESS			5.2 h	it F1	ADDRESS				
CITY-ST-ZIP			5.4 O	•	T-ZIP				
TITLE		DOLLETE	6.1 H	ŀ				Change	Addition
NAME			62 N	νli					
STREET ADDRESS			63S	KEET	ADDRESS				

46.4 CHY-S1-28*
 46.4 CHY-S1-28*
 46.4 CHY-S1-28*
 46.4 CHY-S1-28*
 47.4 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

3-10.67