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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9600052031

1. Corporation Name

Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90091 040 ***150.00

	A FAST PITCH UMPIRES II	NU.						
Delevior Disco	of Business	Mailing Address					I BARIO INDII OBIDO	151 41 5101 1 11 1
Principal Place		-	n					
554 N. DOVER ROAD 2919 E. COMMERCIAL BLVI TEOLIESTA FI 33469 SUITE A			U.					
12402011112 00110		FT. LAUDERDALE FL 33308	08			DO NOT WRITE IN THI	S SPACE	
						3. Date Incorporated or Qualifed		
						06/17/1996		
2 Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
	lace of Eddinoso	26				65-0683879	No	t Applicable
Suite, Apt.	# oto	Suite, Apt. #, etc.					\$8.75	Additional
	#, 600. 	27	ومدوريتي	J-92-4-7	وحسسني	5Certifcate of Status Desired	Fee Re	equired
City & State		City & State				6. Election Campaign Financing	\$5.00	May Re
<u> </u>	e	⊢ ′			•	Trust Fund Contribution	Added	, ,
23 Zin	Country	Zip	Cou	ntrv		8. This corporation owes the current year h		
Zip´		— ·	30			Personal Property Tax.	Yes	□No
24	25	29	[30]			10. Name and Address of New Registered		
	9. Name and Address of Curr	ent Registered Agent		81	Name	IQ. Italiie and Address of item Neglisters		
KATZ	Z, ALLEN H			١"	Name			
	E. COMMERCIAL BLVD., STE	٨		82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
		. A						
FI. L	LAUDERDALE FL 33308			83				
				84	City	F	85 Zip	Code
						ration submits this statement for the purpose of		
SIGNATURE	Signature, typed or printed name of registered a				signature required			
12.			40			ADDITIONO/CHANCES TO DESICEDS A	AND DIRECTO	DRS IN 12
		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	P .		1.1 Π			ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	ORS IN 12
TITLE NAME	P SHINDELL, LEISA	AND DIRECTORS	1.1 π 1.2 №	ME		ADDITIONS/CHANGES TO OFFICERS A		
	P SHINDELL, LEISA 554 N DOVER RD	AND DIRECTORS	1.1 π 1.2 №	ME	DDRESS	ADDITIONS/CHANGES TO OFFICERS A		
NAME	P SHINDELL, LEISA	AND DIRECTORS	1.1 TII 1.2 N/ 1.3 ST	ME		ADDITIONS/CHANGES TO OFFICERS A	☐ Change	☐ Addition
NAME STREET ADDRESS	P SHINDELL, LEISA 554 N DOVER RD	AND DIRECTORS	1.1 TII 1.2 N/ 1.3 ST	ME REET AI IY-ST-2		ADDITIONS/CHANGES TO OFFICERS A		
NAME STREET ADDRESS CITY-ST-ZIP	P SHINDELL, LEISA 554 N DOVER RD	AND DIRECTORS	1.1 TTI 1.2 NA 1.3 ST 1.4 CI	ME REET AI TY-ST-Z		ADDITIONS/CHANGES TO OFFICERS A	☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P SHINDELL, LEISA 554 N DOVER RD	AND DIRECTORS	1.1 TH 1.2 NA 1.3 ST 1.4 CF 2.1 TH	ME REETAI TY-ST-Z TLE WHE		ADDITIONS/CHANGES TO OFFICERS A	☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P SHINDELL, LEISA 554 N DOVER RD	AND DIRECTORS	1.1 TII 1.2 N/2 1.3 ST 1.4 CI 2.1 TII 2.2 N/2 2.3 ST	ME REET AI TY-ST-Z LE WE REET AI	ZIP ADDRESS	ADDITIONS/CHANGES TO OFFICERS A	☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS `CITY-ST-ZIP	P SHINDELL, LEISA 554 N DOVER RD	AND DIRECTORS	1.1 TII 1.2 N/2 1.3 ST 1.4 CI 2.1 TII 2.2 N/2 2.3 ST	ME REET AI TY-ST-Z LE WE REET AI	ZIP ADDRESS	ADDITIONS/CHANGES TO OFFICERS A	☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P SHINDELL, LEISA 554 N DOVER RD	AND DIRECTORS DELETE	1.1 TH 1.2 N/4 1.3 ST 1.4 CF 2.1 TH 2.2 N/4 2.3 ST 2.4 C 3.1 TF	ME REET AI TY-ST-Z TLE UME REET AI TTY-ST-	ZIP ADDRESS	ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P SHINDELL, LEISA 554 N DOVER RD	AND DIRECTORS DELETE	1.1 TTI 1.2 NA 1.3 ST 1.4 CT 2.1 TTI 2.2 NJ 2.3 ST 2.4 C 3.1 TT 3.2 NJ	ME REET AI TY-ST-Z TLE TREET AI TTY-ST- TLE	ZIP ADDRESS - ZIP	ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P SHINDELL, LEISA 554 N DOVER RD	AND DIRECTORS DELETE	1.1 TIT 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 C 3.1 TI 3.2 NA 3.3 ST	TY-ST-Z TLE TME TREET AU TTY-ST- TLE TME	ZIP ADDRESS ZIP ADDRESS	ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHINDELL, LEISA 554 N DOVER RD	DELETE	1.1 TIT 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 C 3.1 TII 3.2 NA 3.3 ST 3.4 CI	ME REET AI TY-ST-Z TLE TREET AI TTY-ST- TLE TREET AI TTY-ST- TLE TREET AI TY-ST- TLE TY-ST- TLE TY-ST-	ZIP ADDRESS ZIP ADDRESS	ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P SHINDELL, LEISA 554 N DOVER RD TEQUESTA FL 33469	DELETE	1.1 TTT 1.2 NA 1.3 ST 1.4 CT 2.1 TT 2.2 NA 2.3 ST 2.4 C 3.1 TT 3.2 NA 3.3 ST 3.4 CT 4.1 TT 4.2 NA 4.3 ST	ME REET AI TY-ST-Z TLE WIE REET AI TTY-ST- TLE WIE REET AI TY-ST- TLE AME TY-ST- TLE	ZIP ADDRESS ADDRESS ADDRESS ADDRESS	ADDITIONS/CHANGES TO OFFICERS A	☐ Change ☐ Change ☐ Change	Addition Addition Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	P SHINDELL, LEISA 554 N DOVER RD TEQUESTA FL 33469	DELETE	1.1 TITI 1.2 NV 1.3 ST 1.4 CI 2.1 TIT 2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV 3.3 ST 3.4 CI 4.1 TI 4.2 N 4.3 ST 4.4 CI 5.1 TI 5.2 NV	ME REET AI TY-ST-Z LE REET AI TY-ST- LE REET AI TY-ST- LE AME REET AI TY-ST- LE AME REET AI TY-ST- LE AME	ZIP ADDRESS ADDRESS ADDRESS ADDRESS	ADDITIONS/CHANGES TO OFFICERS A	☐ Change ☐ Change ☐ Change	Addition Addition Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P SHINDELL, LEISA 554 N DOVER RD TEQUESTA FL 33469	DELETE	1.1 TITI 1.2 NV 1.3 ST 1.4 CI 2.1 TIT 2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV 3.3 ST 3.4 C 4.1 TI 4.2 N 4.3 ST 4.4 CI 5.1 TI 5.2 NV 5.3 ST 5.4 CI	ME REET AI TY-ST-2 TLE REET AI TY-ST- TLE AME REET AI TY-ST- TLE AME REET AI TY-ST- TLE TREET AI TY-ST- TLE TY-ST- TLE TY-ST- TLE TY-ST- TLE	ZIP ADDRESS ADDRESS ADDRESS ZIP ADDRESS ZIP	ADDITIONS/CHANGES TO OFFICERS A	☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition

CITY-ST-ZIP. 14. I 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 of 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 for on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: