


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

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03-03-1999 90069 044 ***150.00

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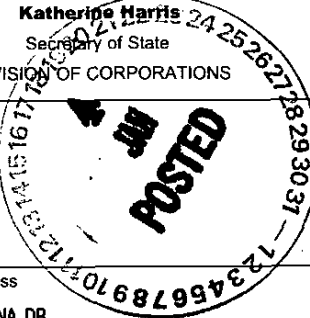
PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000083426

1. Corporation Name
ORLANDO RAYS BASEBALL, INCORPORATED



Principal Place of Business
ONE TROPICANA DR
~~ONE STADIUM DRIVE~~
 ST. PETERSBURG FL 33705
 US

Mailing Address
ONE TROPICANA DR
~~ONE STADIUM DRIVE~~
 ST. PETERSBURG FL 33705
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 []
 Suite, Apt. #, etc.
 22 []
 City & State
 23 []
 Zip Country
 24 [] 25 []

2a. Mailing Address
 26 []
 Suite, Apt. #, etc.
 27 []
 City & State
 28 []
 Zip Country
 29 [] 30 []

3. Date Incorporated or Qualified
10/09/1996

4. FEI Number
59-3405685

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
HIGGINS, JOHN P
TROPICANA FIELD
~~ONE STADIUM DRIVE~~
ST. PETERSBURG FL 33705

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 **ONE TROPICANA DRIVE**
 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 *John P Higgins* **John P Higgins** **1-10-99**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	NAIMOLI, VINCENT J	
STREET ADDRESS	ONE TROPICANA DR	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	SVPS	<input type="checkbox"/> DELETE
NAME	HIGGINS, JOHN P	
STREET ADDRESS	ONE TROPICANA DR	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	DCP	<input type="checkbox"/> DELETE
NAME	NAIMOLI, RAYMOND A	
STREET ADDRESS	ONE TROPICANA DR	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	SVP/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	SVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LAMAR, CHARLES G.
4.3 STREET ADDRESS	ONE TROPICANA DRIVE
4.4 CITY-ST-ZIP	ST. PETERSBURG FL 33705
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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, with all other like empowered.

SIGNATURE: *John P Higgins* **John P Higgins** **1-10-99** **(813) 825-3187**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/198)