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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700006871 (2)

LMN FAST PITCH CAMP CO.

Principal Place	e of Business	Mailing Address				- + (04)(09) (08 101) 0881 80() 08() 08()	AMILIA MILAN IMINI IMI	
15575 MIAMI LAKEWAY NORTH		15575 MIAMI LAKEWAY NORTH						
UNIT 109		UNIT 109				DO NOT WRITE IN THIS SPACE		
MIAMI LAKES	6 FL 33014	MIAMI LAKES FL 3301	14			3. Date Incorporated or Qualified		
						01/23/1997		
2. Principal P	lace of Business	2a. Mailing Address				4, FEI Number	⊬ Ap	plied For
21		26				65-0741764	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	
22		27					Fee Re	
City & State		City & State				6. Election Campaign Financing	\$5.00	
Zip	Country	7ip	Cou	mirv		Trust Fund Contribution	Added t	
24	25	29	30	ai iti y		This corporation owes or has paid the Personal Property Tax due June 30.		angibie No
24	Name and Address of Curre		[30]	T		10. Name and Address of New Registers		
DA	JLEY, GUY B. JR. ESQ			81	Name			
	O BAILEY & JONES			82	Ctropt Addro	ss (P.O. Box Number is Not Acceptable)		
	O COURVOISER CENTRE 501 B	BICKELL KEY DR		82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
	AMI FL 33131-2623	MORELE MET PIL		83				
****				84	City		85 Zip (Code
					•	, F	L	
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								s registered
agent la	m fam iliar with, and accept the oblig	ations of, Section 607.0505.	Florida Stat	tutes	the corporatio	ors board of directors. Thereby accept the a	рропштет на	registered
SIGNATURE								
	Signature, typed or printed name of registered as	pert and title if applicable (N ND DIHECTORS		d Agei	rl signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		E IN 12
12.	D OFFICERS AP	DELETE	13. 11 II	TI F		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
NAME	NAVAS, LISA		1.2 N/					
STREET ADDRESS 15575 MIAMI LAKEWAY N, L		INIT 109			ADDRESS			
CITY-ST-ZIP	MIAMI LAKES FL 33014			ITY-S1				
TITLE		DELETE	DELETE 21 TIT				Change	Addition
NAME			2.2 NAME					
STREET ADDRESS	-		23 STREET ADD		ADDRESS			
CITY-ST-ZIP			2.40	2.4 CITY-ST-ZIP				
TITLE	DELETE		3 1 TI	31 TITLE			Change	☐ Addition
NAME			32 N	AME				
STREET ADDRESS			3.3 ST	TAEET	ADDRESS			
CITY-ST-ZIP				ATY-S	Y-ZIP		Change	Addition
TITLE	*	☐ DELETE	4.1 TITLE 4.2 NAME				C change	L. Audition
NAME								
STREET ADDRESS					ADDRESS .			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - 3 5.1 TITLE		1-211		Change	Addition
NAME		الماعات فيها	5.1 N					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				ITY-S	i			
TITLE			6.1 TI				Change	Addition
NAME	,5 :		6.2 N					

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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

ul. des

FILED

Apr 24 1998 8:00am

Secretary of State