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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P97000008723

GRAND SLAM DISTRIBUTORS, INC.

•••										
Principal Place	of Business	Mailing Address	Mailing Address			1	1 100 (100) 10 10 (10 10 10 10 10 10 10 10 10 10 10 10 10 1		••••	
7922 4TH AVE. W. BRADENTON FL 34209		P.O. BOX 14193 Bradenton FL 34280								
US US						<u></u>	DO NOT WRI	E IN THIS	SPACE	
						L	Date Incorporated or Qualifed 01/24/1997			
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address				FEI Number			Applied For
21		26	26			<u> </u>	65-0728890			Not Applicable
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5	Certificate of Status Desired			Additional
22	·	27				↓				Required
City & State	9	City & State				6.	Election Campaign Financing			May Be
23		28				┼	Trust Fund Contribution			d to Fees
Zip	Country	Zip	_ Cour	ntry		8.	This corporation owes the curr	ent year Inta	angible ∐Yes	□No
24	25	29 3	0				Personal Property Tax. Name and Address of New F	ogistored (
	9. Name and Address of Curre	nt Registered Agent		81	Name	10.	Hame and Address of New !	egistereu /	- Nem	
MBL	OCK, EDWIN T		{		1101110					
519 13 ST W.				82	Street Addre	ss (F	P.O. Box Number is Not Accepta	ible)		
BRADENTON FL 34205			}	83						
5.04			ļ	63						
			Ī	84	City			FI	85 Zip	p Code
	to the provisions of Sections 607.050						the thir state want for the			ite societored
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auti	nonzed	by t	ine corporation	n's bo	pard of directors. I hereby accep	и ине аррои	itment as	registered
- OIGHATORE	Signature, typed or printed name of registered age	<u></u>	•	Agent	signature required	_		DATE		
12.		ND DIRECTORS	13.				ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	P	☐ DELETE	1.1 131						Change	e
NAME	or trading committee		1.2 NA	1.2 NAME						
STREET ADDRESS	7922 4TH AVE. W.		1.3 STI	1.3 STREET ADDRESS						
CITY-ST-ZIP			1.4 CJ7		-ZIP					
TITLE			2.1 TIT	LΕ					Change	e 🔲 Addition
NAME	Of Delot I, de on Br. C.		2.2 NA	ME						
STREET ADDRESS			2.3 STI	REET /	ADDRESS					
CITY-ST-ZIP			2.4 CI	ty-st	T-ZIP					
TITLE	☐ DELETE 3.1 TO		3.1 TIT	LE					☐ Change	e Addition
NAME			3.2 NA	ME						
STREET ADDRESS			3.3 STI	REET	ADDRESS					
CITY-ST-ZIP			3.4. CF	.4. CITY-ST-ZIP						
TITLE		☐ DELETE	4.1 TITLE						☐ Chang	e 🗌 Addition
NAME			4.2 NA	ME						
STREET ADDRESS			4.3 STI	REET	ADDRESS					1
CITY-ST-ZIP			4.4 CIT	CITY-ST-ZIP						
TITLE		☐ DELETE	5.1 TIT						☐ Chang	e 🔲 Addition
NAME			5.2 NA							ĺ
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	:		5.4 CIT		-ZIP					
TITLE		□ DELETE	6.1 TIT	LE	1				☐ Change	e 🔲 Addition

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/98)

May 05, 1999 8:00 am Secretary of State

05-05-1999 90191 016 ***150.00