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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000019082

1. Corporation Name

M M & M BASEBALL, INC.

## Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90119 040 \*\*\*150.00



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Principal Place	of Business	Mailing Address					1919 19111 91	91 <b>9</b> 1 / <b>9</b> 11 <b>9</b> 1747 1241	
3011 SHAMROCK NORTH 3011 SHAMROCK NORTH									
TALLAHASSEE FL 32308 TALLAHASSEE FL 32308				DO NOT WRITE IN THIS SPACE					
l				•		<ol> <li>Date Incorporated or Qualifed</li> <li>02/28/1997</li> </ol>	<del>-</del>		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Applied For	
21		26				59-3444046		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #  22			atc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State	<del>)</del>	City & State				6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees	
Zip         Country         Zip           24         25         29			Country 30			8. This corporation owes the current year Intangible Personal Property Tax.			
	9. Name and Address of Current		T			10. Name and Address of New Registered	Agent		
				81	Name				
MARTIN, CAROL 3011 SHAMROCK NORTH				82	Street Add	ess (P.O. Box Number is Not Acceptable)			
	AHASSEE FL 32308		Ì	83					
				84	City	FL	85 Z	ip Code	
office or n agent, I a	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auticions of, Section 607.0505, Florid	inonzeo da Statu	ites.	ine corporat	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoin	changing ntment as	its registered s registered	
GIOTETTORE	Signature, typed or printed name of registered agen		<del>-</del>	Agent	signature requir	red when reinstating) DATE		TODO 11 40	
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AN	Chan		
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NAME	MARTIN, MICHAEL JR.		1,2 NA						
STREET ADDRESS	3011 SHAMROCK NORTH		1.3 ST	REET	ADDRESS	,			
CITY-ST-ZIP	TALLAHASSEE FL 32308		1,4 CI		-ZIP			an Additio	
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NAME			6.2 NA	ME	ļ				

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.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS