SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 OCT 21 AM 11: 3L **DOCUMENT #** P97000070089 (2) SECRETARY OF STATE TALLAHASSEE. FLORIDA BIG LEAGUE GOLF, INC. Principal Place of Business Mailing Address 160 W. ROCKWOOD WAY 160 W. ROCKWOOD WAY WINTER PARK FL 32789 WINTER PARK FL 32789 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/12/1997 2. Principal Place of Business 21 5 E. KOCK 2a. Mailing Address 26 151 E. ROCK WOOD WHY Applied For 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CLARK, JEFF B 105 E. ROBINSON STREET 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 301 83 ORLANDO FL 32801 Zip Code 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE; Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 1.1 TITLE ZCRETANY/TREASURER _ Change Addition DELETE A. ERIN MRBROUGH NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS WINTER PARK, FL 32709 CITY-ST-ZIP 1.4 CITY-ST-ZIP 200002674562 21TITLE TITLE DELETE 2.2 NAME NAME -10/28/98~-01067—002 STREET ADDRESS 2.3 STREET ADDRESS ****550.00 ****550.00 CITY-ST-ZIP 2.4 CITY-ST-ZIP Change Addition TITLE DELETE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS 3.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 4.1 TITLE DELETE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP 5.1 TITLE TITLE DELETE ___ Change NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE

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 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 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 in Block 12 or Block 13 if changed, or on an attackment with an addless. section 119.07(3)(i), Florida Statutes. I further certify that the information ture shall have the same legal effect as if made under oath; that I am

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

SMAN

STREET ADDRESS

CITY-ST-ZIP

(96/9)CR2E034