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

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90170 034 ***150.00

DOCUMENT #	P97000	070089

1. Corporation Name

BIG LEAGUE GOLF, INC.

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Principal Plac	e of Business	Mailing Address		- 1 10031005 ((0 304)) (001) 001) 001) 001)	i 19011 99111 001E1	10119 1011 1001
151 E. ROCKWOOD WAY WINTER PARK FL 32789 WINTER PARK FL 32789						
	. • • • • • • • • • • • • • • • • • • •			DO NOT WRITE IN TH	S SPACE	
				3. Date Incorporated or Qualifed 08/12/1997		
2. Principal P	Place of Business	2a. Mailing Address	<u> </u>	4. FEI Number	Ap	plied For
21 1101	N. LAKE DESTINY RD	26 1101 N. LAK	& DESTINY	59-3462477	No	t Applicable
Suite, Apt.	# etc. 20	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A Fee Re	
City & Stat	FITLAND, CL	City & State TLAN	O, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip 24 3734	Country 1 25 USA	29 Zip 3275 30	Country	This corporation owes the current year I Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent	
			81 Name			
CLARK, JEFF B 105 E. ROBINSON STREET 82 Street Addres		ss (P.O. Box Number is Not Acceptable)				
SUITE 301 83		83				
ORL	ORLANDO FL 32801		04 6		. 85 Zip C	`oda
			84 City	F	L Si Zipo	,ode
I office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State cam familiar with, and accept the obligations of the control o	if Florida. Such change was autho	rized by the corporation	ration submits this statement for the purpose o's board of directors. I hereby accept the app	of changing its ointment as req	registered jistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Regis	stered Agent signature required	when reinstating) DATE		 [
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	ST	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	YARBROUGH, A. ERIN		1.2 NAME			į
STREET ADDRESS	151 E. ROCKWOOD WAY		1,3 STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL 32789		1.4 CITY-ST-ZIP			
TITLE	PRESIDENT	☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME	TAMES K. YAPE	mouble	2.2 NAME		:	
STREET ADDRESS	Line Hilders 1945	JINY RO #120	2.3 STREET ADDRESS			,
C/TY-ST-ZIP	MAITLAND	GL 32751	2.4 CITY-ST-ZIP	<u> </u>		
TITLÉ	,	DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME	}	1	3.2 NAME)
STREET ADDRESS			3.3 STREET ADDRESS			ļ
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE					☐ Chan	☐ Addition
		_	4.1 TITLE		Change	
NAME		_	4. 2 NAME		Change	
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		☐ Change	
STREET ADDRESS			4.2 NAME 4.3 STREET AODRESS 4.4 CITY-ST-ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE		, ∴ !	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE			Addition
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STREET ADDRESS CITY-ST-ZIP TITLE		□ DELETE	4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS			
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14. 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: