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

PROFIT CORPORATION ANNUAL REPORT

1998



FLOHIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jun 02 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000071311 (9)

GOLF & BASEBALL, INC. Principal Place of Business 3001 ALAMO DRIVE ORLANDO FL 32805 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	Mailing Address 3001 ALAMO DRIVE ORLANDO FL 32805 2e. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28	Cour	DO NOT WRITE IN TH 3. Date Incorporated or Qualified 08/15/1997 4. FEI Number 59 - 3466 586 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes or has paid the	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
24 25	29	30	Personal Property Tax due June 30.	Yes No
	s of Current Registered Agent		10. Name and Address of New Registers	
SIGNATURE	ons 607,0502 and 607,1508. Florida State in the State of Florida. Such change was pt the obligations of, Section 607,0505, F	43 City	dress (P.O. Box Number is Not Acceptable) poration submits this statement for the purpose ation's board of directors. I hereby accept the a	B5 Zip Code of changing its registered ppointment as registered
	LICERS AND DIRI CTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE D NAME MAHER, MICHAEL C STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32809		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	Teemongo mare to on our or	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-2IP	DELETE	4 1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ DELETE	5.1 TITLE 52 NAME 53 STREET ADDRESS 54 CRTY - ST - ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		Change Addition
14. I hereby certify that the information indicated on this annual report or si	upplemental annual report is true and ac or the teaceiver or trustee empowered to	for the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further ire shall have the same legal effect as if made quired by Chapter 607, Florida Statutes; and that	under eath: that I am en