

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE ★ ★ ★
Katherine Harris 158
Secretary of State 925181
DIVISION OF CORPORATIONS 4600

FILED

99 NOV -5 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000105781

1. Corporation Name

FLORIDA CRUSH SENIOR SOFTBALL, INC.

Principal Place of Business

88 NE 5TH AVE.
DELRAY BEACH FL 33483

Mailing Address

88 NE 5TH AVE.
DELRAY BEACH FL 33483



8/26/99 90001 004 \$550.00

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

12/21/1998

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

65-0885273

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

SCHONE, LARRY T
50 S.E. FOURTH AVENUE
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

TITLE	DST	<input type="checkbox"/> DELETE
NAME	SCHMIDT, WILLIAM C	
STREET ADDRESS	64B S.E. 5TH AVENUE	
CITY-STATE-ZIP	DELRAY BEACH FL 33483	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MULLER, KEVIN	
STREET ADDRESS	64B S.E. 5TH AVENUE	
CITY-STATE-ZIP	DELRAY BEACH FL 33483	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KEARNS, TIMOTHY	
STREET ADDRESS	64B S.E. 5TH AVENUE	
CITY-STATE-ZIP	DELRAY BEACH FL 33483	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	88 NE 5TH AVE.
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	88 NE 5TH AVE.
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	88 NE 5TH AVE.
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	KE
6.3 STREET ADDRESS	
6.4 CITY-STATE-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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM C. SCHMIDT 8/28/99 (561) 278-2234

Date

Daytime Phone #

10057 PWS/CJ

2

PERRY & SCHONE, P.A.
ATTORNEYS AT LAW
50 S.E. FOURTH AVENUE
DELRAY BEACH, FLORIDA 33483

MARK A. PERRY
LARRY T. SCHONE
KEITH D. KERN

TELEPHONE (561) 276-4146
FACSIMILE (561) 276-3859

November 1, 1999

Florida Department of State
Division of Corporations
Attn: Reinstatements
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Florida Crush Senior Softball, Inc.

To Whom it May Concern:

This firm represents Florida Crush Senior Softball, Inc. Our client recently received a notice that the corporation had been administratively dissolved, yet our client submitted their annual report on August 23, 1999. In checking with your office, we were told that the report was not processed because the FEI number was missing, although the funds for renewal had been received. Apparently a letter was sent from the Department of Corporations to our client indicating that fact. Our client indicates that they did not receive that letter. Accordingly, we were advised today by your office to send the Department a copy of the report with the FEI number, and that no additional funds would be due.

Therefore, attached please find a copy of the corporation's annual report with the FEI number. Please process the corporate renewal at your earliest opportunity.

Very truly yours,


LARRY SCHONE

LS/khf
Enc
Certified.