

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S84966** (8)

1. Corporation Name

MANNY'S BASEBALL LAND, INC.



Principal Place of Business

Mailing Address

**3030 SW 42ND AVE
PALM CITY FL 34990
US**

**3030 SW 42ND AVE
PALM CITY FL 34990
US**

2. Principal Place of Business

21 **3000 SW 42nd AVENUE**

Suite, Apt. #, etc.

22

City & State

23 **PALM CITY, FLORIDA**

Zip

24 **34990**

Country

25 **USA**

2a. Mailing Address

26 **3000 SW 42nd AVENUE**

Suite, Apt. #, etc.

27

City & State

28 **PALM CITY, FLORIDA**

Zip

29 **34990**

Country

30 **USA**

3. Date Incorporated or Qualified

10/04/1991

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0298117

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐ No

10. Name and Address of New Registered Agent

81

Name

GARY S. KOENIGSBERG

82

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

C/O MANNY'S BASEBALL LAND

83

3000 S.W. 42nd AVENUE

84

City

PALM CITY

FL

85 Zip Code

34990

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]

Gary S. Koenigsberg, Executive Vice President 4/22/96

(Signature of Registered Agent for change of registered office)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

D

**COLEN, LISA
9609 MOCKINGBIRD TR.
JUPITER FL**

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

D

**KOENIGSBERG, MILES
8485 SE WOODCREST PL
HOBE SOUND FL**

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

D

**MESHIL, RONALD
8649 SE WOODWIND DR.
HOBE SOUND FL**

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

TITLE ☐ DELETE

NAME

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NAME

TITLE ☐ DELETE

NAME

TITLE ☐ DELETE

NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**3000 SW 42nd Avenue
Palm City, Fla 34990**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**3000 SW 42nd Avenue
Palm City, Fla 34990**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**3000 SW 42nd Avenue
Palm City, Fla 34990**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

200001796902

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*****200.00**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Miles Koenigsberg, Director

4/22/96

407-221-7154

DATE

PHONE NUMBER

CR2E034 (12/95)