

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

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FILED

Feb 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L35877** (4)

1. Corporation Name
WESTLAND-HIALEAH FAN CLUB, INC.

Principal Place of Business

**1675 WEST 49TH ST
SUITE K12
HIALEAH FL 33012
US**

Mailing Address

**ATTN: TAX DEPARTMENT
7880 BENT BRANCH DRIVE, SUITE 100
IRVING TX 75063-6046**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/13/1989		3a. Date of Last Report 02/20/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 06-1285183		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYS ST, STE 105
TALLAHASSEE FL FL 32301**

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 type: Corporation (for principal place of registered agent and tax applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARKS, RALPH T.			1.2 NAME			
STREET ADDRESS	3940 PIPESTONE ROAD			1.3 STREET ADDRESS	7880 BENT BRANCH DR #100		
CITY-ST-ZIP	DALLAS-TX			1.4 CITY-ST-ZIP	IRVING, TX 75063		
TITLE	VPT	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	H	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROACH, DONALD V.			2.2 NAME	HOMER W. GREER		
STREET ADDRESS	3940 PIPESTONE ROAD			2.3 STREET ADDRESS	7880 BENT BRANCH DR #100		
CITY-ST-ZIP	DALLAS-TX			2.4 CITY-ST-ZIP	IRVING, TX 75063		
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAYER, MARK W			3.2 NAME			
STREET ADDRESS	3940 PIPESTONE RD			3.3 STREET ADDRESS	7880 BENT BRANCH DR #100		
CITY-ST-ZIP	DALLAS-TX			3.4 CITY-ST-ZIP	IRVING, TX 75063		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARKS, RALPH T			4.2 NAME			
STREET ADDRESS	3940 PIPESTONE RD			4.3 STREET ADDRESS			
CITY-ST-ZIP	RYE NY			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRENNAN, MICHAEL R			5.2 NAME			
STREET ADDRESS	1 THEALL ROAD			5.3 STREET ADDRESS			
CITY-ST-ZIP	RYE NY			5.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		6.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALBERT, CHARLES M.			6.2 NAME			
STREET ADDRESS	3940 PIPESTONE ROAD			6.3 STREET ADDRESS	7880 BENT BRANCH DR #100		
CITY-ST-ZIP	DALLAS-TX			6.4 CITY-ST-ZIP	IRVING, TX 75063		

14. I do 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, change, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK W. MAYER

2-18-97

972-501-5000

Date

Daytime Phone #

0494218

CR2E034 (9/96)