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**PROFIT CORPORATION ANNUAL REPORT 1998**

**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**Feb 06 1998 8:00am**  
**Secretary of State**

**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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29 30

3. Date Incorporated or Qualified  
**12/13/1989**

4. FEI Number  
**06-1285183**

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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent  
**UNITED STATES CORPORATION COMPANY 1201 HAYS ST, STE 105 TALLAHASSEE FL FL 32301**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

10. Name and Address of New Registered Agent

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	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY - ST - ZIP	
PD PARKS, RALPH T.	7880 BENT BRANCH DR #100 IRVING TX	
T	GREER, HOMER W.	<input type="checkbox"/> DELETE
7880 BENT BRANCH DR #100	IRVING TX	
S	MAYER, MARK W	<input type="checkbox"/> DELETE
7880 BENT BRANCH DR #100	IRVING TX	
VD	ALBERT, CHARLES M.	<input type="checkbox"/> DELETE
7880 BENT BRANCH DR #100	IRVING TX	
		<input type="checkbox"/> DELETE
		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	12 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13 STREET ADDRESS	14 CITY - ST - ZIP	
21 TITLE	22 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
23 STREET ADDRESS	24 CITY - ST - ZIP	
31 TITLE	32 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
33 STREET ADDRESS	34 CITY - ST - ZIP	
41 TITLE	42 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
43 STREET ADDRESS	44 CITY - ST - ZIP	
51 TITLE	52 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
53 STREET ADDRESS	54 CITY - ST - ZIP	
61 TITLE	62 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
63 STREET ADDRESS	64 CITY - ST - 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.