

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

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**


FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L35877**

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**

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90241 005 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1989

4. FEI Number

06-1285183

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 Tax. ☐ Yes ☐ 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PARKS, RALPH T.	
STREET ADDRESS	7880 BENT BRANCH DR #100	
CITY-ST-ZIP	IRVING TX	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROACH, DONALD V	
STREET ADDRESS	7880 BENT BRANCH DR. #100	
CITY-ST-ZIP	IRVING TX 75063	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MAYER, MARK W	
STREET ADDRESS	7880 BENT BRANCH DR #100	
CITY-ST-ZIP	IRVING TX	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ALBERT, CHARLES M.	
STREET ADDRESS	7880 BENT BRANCH DR #100	
CITY-ST-ZIP	IRVING TX	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	WINTON, NANCY L	
STREET ADDRESS	7880 BENT BRANCH DR. #100	
CITY-ST-ZIP	IRVING TX 75063	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	NANCY W. WINTON
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VIRRI RODRIGUEZ
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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, with all other like empowered.

SIGNATURE:

NANCY L WINTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-99

Date

972-501-5000

Daytime Phone #

CR2E034 (1/98)