

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N42009 (3) 1. Corporation Name WESTERN AREA LITTLE LEAGUE INC.			
Principal Place of Business 1304 S.W. 160TH AVE. SUITE 244 FT. LAUDERDALE FL 33326		Mailing Address 1304 S.W. 160TH AVE. SUITE 244 FT. LAUDERDALE FL 33326-1902	
2. Principal Place of Business 21 1119 WESTON ROAD 22 SUITE 264 23 WESTON FL. 24 33326 25 USA		2a. Mailing Address 26 1119 WESTON ROAD 27 SUITE 264 28 WESTON FL. 29 33326 30 USA	
9. Name and Address of Current Registered Agent FASS, JOEL S. 2000 W. COMMERCIAL BLVD. SUITE 232 FT. LAUDERDALE FL 33309		10. Name and Address of New Registered Agent 81 Name Robert J. Rudock 82 Street Address (P.O. Box Number is Not Acceptable) 2881 Birkdale 83 84 City Weston FL 85 Zip Code 33332	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE <i>[Signature]</i> DATE 4-20-97 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
TITLE	PD VD	<input type="checkbox"/> DELETE	
NAME	CHAMBERLAIN, THOMAS		
STREET ADDRESS	1590 HARBOURSIDE DR.		
CITY-ST-ZIP	FT. LAUDERDALE FL 33326		
TITLE	TD TD	<input type="checkbox"/> DELETE	
NAME	WUENKER, BRUCE		
STREET ADDRESS	16740 HARBOR CT		
CITY-ST-ZIP	FT. LAUDERDALE FL		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	
NAME	DUBNANSKY, MARJORIE		
STREET ADDRESS	1045 POPLAR CIR.		
CITY-ST-ZIP	FT. LAUDERDALE FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	VICE PRESIDENT, DIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME	VD		
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 type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	PRESIDENT, D. PAULA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
4.2 NAME	BARBACCIA, PAULA		
4.3 STREET ADDRESS	8043 ISLAND CIR.		
4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33326		
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <i>[Signature]</i> RECEIVED Wuenker, TD 1/4/97 (951) 384-2662 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0037349			



CR2E037 (9/96)