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May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000000162 (6)**

1. Corporation Name

WESTERN AREA FOOTBALL LEAGUE, INC.



Principal Place of Business

Mailing Address

**1000 S.W. 133 TERRACE
DAVIE FL 33325**

**1000 S.W. 133 TERRACE
DAVIE FL 33325**

3. Date Incorporated or Qualified

01/09/1995

4. FEI Number

65-0553798

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 150 SW 159 WAY

26 150 SW 159 WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 SUNRISE, FL

28 SUNRISE, FL

Zip

Country

Zip

Country

24 33326

25 USA

29 33326

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOWMAN, PAULA
1000 S.W. 133RD TERRACE
DAVIE FL 33325**

81 Name

DAVID R. HOODIMAN

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

150 SW 159 WAY

83

84 City

SUNRISE

FL

85 Zip Code

33326

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

DAVID R. HOODIMAN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/7/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GOROWAY, DAVID	
STREET ADDRESS	5601 S.W. 195TH TERRACE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33332	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	JOSSFOLK, ROY	
STREET ADDRESS	1930 RIVER OAKS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ENNIS, DEBBIE	
STREET ADDRESS	560 S.W. 186TH TERRACE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RAKESTRAW, JERRY	
STREET ADDRESS	811 ALTA VISTA	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SPIRITIS, KATHRYN	
STREET ADDRESS	3507 DERBY LANE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33331	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOOKIMAN, DAVID	
STREET ADDRESS	150 S.W. 159TH WAY	
CITY-ST-ZIP	SUNRISE FL 33326	

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LOUIS SROUR	
1.3 STREET ADDRESS	933 TANGLEWOOD CIRCLE	
1.4 CITY-ST-ZIP	WESTON, FL 33326	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RICHARD ROCKFELD	
2.3 STREET ADDRESS	1162 FAIRFIELD MEADOWS DR	
2.4 CITY-ST-ZIP	WESTON, FL 33327	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROBERT ROSE	
3.3 STREET ADDRESS	425 SAILBOAT CIRCLE	
3.4 CITY-ST-ZIP	WESTON, FL 33326	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DAVID R. HOODIMAN	
4.3 STREET ADDRESS	150 SW 159 WAY	
4.4 CITY-ST-ZIP	SUNRISE, FL 33326	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GREG SANDAVAL	
5.3 STREET ADDRESS	730 BAYSIDE LANE	
5.4 CITY-ST-ZIP	WESTON, FL 33326	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MARK SORP	
6.3 STREET ADDRESS	10690 SW 23 ST	
6.4 CITY-ST-ZIP	DAVIE, FL 33324	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

DAVID R. HOODIMAN

DAVID R. HOODIMAN

5/7/98

954-384-8985

CR2E037 (10/97)