

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90103 022 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000000162

1. Corporation Name

WESTERN AREA FOOTBALL LEAGUE, INC.

Principal Place of Business

 150 SW 159TH WAY
 SUNRISE FL 33326
 US

Mailing Address

 150 S W 159TH WAY
 SUNRISE FL 33326
 US

 * 2 8 6 2 7 5 *
 286275 - 90056 - 19


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/09/1995	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0553798	
24 Country		29 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	

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 **HOODIMAN, DAVID R.**

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, TREASURER**

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

(NOTE: Registered Agent signature required when reappointing)

DATE

3/30/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROUR, LOUIS	1.2 NAME	
STREET ADDRESS	833 TANGLEWOOD CR	1.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON FL 33328	1.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROCKFELD, RICHARD	2.2 NAME	DIRECTOR
STREET ADDRESS	1162 FAIRFIELD MEADOWS DR	2.3 STREET ADDRESS	KIMBELLEY SCORP
CITY-ST-ZIP	WESTON FL 33327	2.4 CITY-ST-ZIP	10690 SW 23RD ST
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, ROBERT	3.2 NAME	
STREET ADDRESS	425 SAILBOAT CR	3.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON FL 33326	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOODIMAN, DAVID R	4.2 NAME	
STREET ADDRESS	150 S W 159TH WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33326	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDAVOL, GREG	5.2 NAME	
STREET ADDRESS	730 BAYSIDE LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON FL 33328	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCORP, MARK	6.2 NAME	
STREET ADDRESS	10690 SW 23RD ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33324	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 617, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/19/99 (954) 380-8985

CR2E037 (11/98)