

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Aug 25 1997 8:00am  
Secretary of State

DOCUMENT # N96000005793 (2)

1. Corporation Name

UNITED FOOTBALL LEAGUE, INC.



Principal Place of Business Mailing Address  
462 63RD STREET 462 63RD STREET  
HOLMES BEACH FL 34217 HOLMES BEACH FL 34217

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		11/12/1996		11/12/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		65-0707269		Not Applicable	
24 Zip		29 Zip		5. Certificate of Status Desired		8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
26		31		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

10. Name and Address of New Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VP-D
NAME	WILLIAMS, JAMES	1.2 NAME	Tommie Battle
STREET ADDRESS	462 63RD STREET	1.3 STREET ADDRESS	338 Melody Ct
CITY-ST-ZIP	HOLMES BEACH FL 34217	1.4 CITY-ST-ZIP	Fort Myers FL
TITLE	VD	2.1 TITLE	D
NAME	COMFORT, MARK	2.2 NAME	Ozzie Mc Donald
STREET ADDRESS	462 63RD STREET	2.3 STREET ADDRESS	5387 45th St W
CITY-ST-ZIP	HOLMES BEACH FL 34217	2.4 CITY-ST-ZIP	West Palm Beach FL 33407
TITLE	STD	3.1 TITLE	
NAME	EDWARDS, LEE R	3.2 NAME	
STREET ADDRESS	462 63RD STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLMES BEACH FL 34217	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	BATTLE, TOMMIE	4.2 NAME	
STREET ADDRESS	462 63RD STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLMES BEACH FL 34217	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED  
Se 8/15/97 941  
798 0119

CR2E037 (4/97)