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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N98000000144

1. Corporation Name

WESTERN AREA ROLLER HOCKEY LEAGUE, INC.

Principal Place of Business

504 LAKESIDE CIRCLE  
SUNRISE FL 33326

Mailing Address

504 LAKESIDE CIRCLE  
SUNRISE FL 33326



2. Principal Place of Business

21 16900 SW 5th St.

Suite, Apt. #, etc.

22 City & State

23 Ft. Lauderdale, FL

24 33326

25 USA

2a. Mailing Address

26 16900 SW 5th St.

Suite, Apt. #, etc.

27 City & State

28 Ft. Lauderdale, FL

29 33326

30 USA

3. Date Incorporated or Qualified

01/12/1998

4. FEI Number

☒ 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

9. Name and Address of Current Registered Agent

ROVINGER, SCOTT E  
10001 WEST OAKLAND PARK BLVD.  
SUITE 200  
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name SCOTT R. Andresen  
82 Street Address (P.O. Box Number is Not Acceptable)  
16900 SW 5th Street  
83  
84 City Ft. Lauderdale 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

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

(NOTE: Registered Agent signature required when reinstating)

4-19-99

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input checked="" type="checkbox"/> DELETE
NAME	DRAIZINI, MARK	
STREET ADDRESS	504 LAKESIDE CIRCLE	
CITY-ST-ZIP	SUNRISE FL 33326	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	DRAIZINI, MARK	
STREET ADDRESS	504 LAKESIDE CIRCLE	
CITY-ST-ZIP	SUNRISE FL 33326	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DRAIZINI, JANET	
STREET ADDRESS	504 LAKESIDE CIRCLE	
CITY-ST-ZIP	SUNRISE FL 33326	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROVINGER, SCOTT E	
STREET ADDRESS	10001 WEST OAKLAND PARK BLVD., SUITE 200	
CITY-ST-ZIP	SUNRISE FL 33351	

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	PN	President/Vice President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		SCOTT R. Andresen	
1.3 STREET ADDRESS		16900 SW 5th St.	
1.4 CITY-ST-ZIP		Ft. Lauderdale, FL 33326	
2.1 TITLE	S/D	Ron Schmidt	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		585 Stonemont Dr.	
2.3 STREET ADDRESS		WESTON, FL 33326	
2.4 CITY-ST-ZIP			
3.1 TITLE	D	Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		Mike LaBarge	
3.3 STREET ADDRESS		13990 Oak Ridge Dr.	
3.4 CITY-ST-ZIP		DAVIE, FL 33325	
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			
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 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: SCOTT R. Andresen REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-99 954-384-2127

Date

Daytime Phone #

CR2E037 (11/98)