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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 707925 (4)

1. Corporation Name
WM. C. MORRIS POST NUMBER 36, AMERICAN LEGION, I NC.



Principal Place of Business 36 S FEDERAL HIGHWAY FORT LAUDERDALE FL 33301	Mailing Address 36 S FEDERAL HIGHWAY FORT LAUDERDALE FL 33301-1935
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3. Date Incorporated or Qualified 10/05/1964	3a. Date of Last Report 01/24/1996
4. FEI Number 59-0563907	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**BUSCH, WILLIAM F
4691 SW 43 TERR
APT A
FT. LAUDERDALE FL 33314**

10. Name and Address of New Registered Agent

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

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 file, if applicable) (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	S <input type="checkbox"/> DELETE
NAME	BUSCH, WILLIAM F
STREET ADDRESS	4691 SW 43 TER APT A
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	P <input type="checkbox"/> DELETE
NAME	INSALACO, ANGELO
STREET ADDRESS	1401 SE 7 AVE
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	BONI, JOHATHAN
STREET ADDRESS	36 S. FED HIGHWAY
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	BURNS, HOWARD
STREET ADDRESS	1704 SE 11 ST
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	CRAWFORD, RALPH W
STREET ADDRESS	2700 NW 56 AVE APT 511
CITY-ST-ZIP	LAUDERHILL FL
TITLE	T <input type="checkbox"/> DELETE
NAME	SMITH, RICH L
STREET ADDRESS	4525 NE 21 AVE APT 5
CITY-ST-ZIP	FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T DAVIS, MARK M
4.3 STREET ADDRESS	4950 SW 18 ST
4.4 CITY-ST-ZIP	FT LAUDERDALE FL 33317
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	T LUECK, DALE
5.3 STREET ADDRESS	2001 N 58 AVE
5.4 CITY-ST-ZIP	HOLLYWOOD FL 33021
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: *William F. Busch*

CR2E037 (9/96)