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Jan 27 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 # 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
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3. Date Incorporated or Qualified
10/05/1964

4. FEI Number
59-0563907

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

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
ADASCHIK, ALLEN

82. Street Address (P.O. Box Number is Not Acceptable)
1728 SW 5th Court

83. City
Ft. Lauderdale FL

84. Zip Code
33312

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: *William F. Busch* Finance Officer / 1st Vice Com. / 12/98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BUSCH, WILLIAM F	
STREET ADDRESS	4691 SW 43 TER APT A	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	INSALACO, ANGELO	
STREET ADDRESS	1401 SE 7 AVE	
CITY-ST-ZIP	POMPAÑO 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	DAVIS, MARK M	
STREET ADDRESS	4950 SW 18TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	LUECK, DALE	
STREET ADDRESS	2001 N 58TH AVE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	T	<input checked="" 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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ADASCHIK, ALLEN	
1.3 STREET ADDRESS	1728 SW 5th Court	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33312	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SAPP, LARRY	
2.3 STREET ADDRESS	3000 Holiday Drive	
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33316	
3.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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.

SIGNATURE: *Jonathan J. Boni* 12-Jan-98 (954) 463-0146

CR2E037 (10/97)