


**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).**

FILED
Aug 12 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 # 728089 (4)
1. Corporation Name
BAY PINES-HOLIDAY ISLES CHAPTER #13, DISABLED AMERICAN VETERANS, INC.



Principal Place of Business 140 COREY AVE PO BOX 66852 ST. PETERSBURG BEACH FL 33736-3852	Mailing Address 140 COREY AVE PO BOX 66852 ST. PETERSBURG BEACH FL 33736-3852
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/20/1973	3a. Date of Last Report 09/23/1996
4. FEI Number 59-6196561	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**FRANKO, JOSEPH J.
7841 1ST AVE SOUTH
ST PETERSBURG FL 33707**

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 **JOSEPH J. FRANKO**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DONZERO, CHESTER L	
STREET ADDRESS	5213 97TH WAY NO.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	BRAMLETT, ALBERT A	
STREET ADDRESS	7400 SUN ISLAND DR., #505	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MURPHY, JAMES F	
STREET ADDRESS	10005 BAY PINES BLVD., LOT 604	
CITY-ST-ZIP	ST. PETERSBURG FL 33708	
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	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LEWIS, HERBERT A, JR	
1.3 STREET ADDRESS	545 LILLIAN DRIVE	
1.4 CITY-ST-ZIP	MADIRA BEACH, FL, 33708	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MILLER, CALVIN	
2.3 STREET ADDRESS	10761 CLARA LANE	
2.4 CITY-ST-ZIP	ST. PETERSBURG, FL, 33708	
3.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WILLIAMS, WILLIAM B.	
3.3 STREET ADDRESS	631 FAIRWOOD AVE, APT # 295	
3.4 CITY-ST-ZIP	CLEARWATER, FLA 34619	
4.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PIERCE, ROBERT	
4.3 STREET ADDRESS	5831 BAY LAKE DRIVE SOUTH	
4.4 CITY-ST-ZIP	ST. PETERSBURG, FL, 33708	
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 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 13.4. Changed, or on an attachment with an address.

SIGNATURE **HERBERT A. LEWIS JR, DIRECTOR**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **8/11/97**

CP2E037 (497)