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**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90079 011 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 731123**

1. Corporation Name  
**UPPER KEYS POST #10211 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.**

Principal Place of Business P.O. BOX 1109 KEY LARGO FL 33037	Mailing Address P.O. BOX 1109 KEY LARGO FL 33037
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2. Principal Place of Business 21 <b>102255 OVERSEAS HWY</b>	2a. Mailing Address 26 <b>102255 OVERSEAS HWY</b>	3. Date Incorporated or Qualified <b>11/15/1974</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>23-7277248</b>
City & State 23 <b>KEY LARGO, FL.</b>	City & State 28 <b>KEY LARGO, FL.</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24 <b>33037</b>	Country 25 <b>USA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Zip 29 <b>33037</b>	Country 30 <b>USA</b>	

9. Name and Address of Current Registered Agent <b>LASKIS, ALEX 3 BOWEN DRIVE KEY LARGO FL 33037</b>	10. Name and Address of New Registered Agent
81 Name	85 Zip Code <b>FL</b>
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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 *Alex Laskis* DATE **4/2/99**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD TYREE, THOMAS 91 TREASURE BLVD KEY LARGO FL</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>WALTER KUSH 311 SOUND DR KEY LARGO, FL. 33037</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD LASKIS, ALEX 3 BOWEN DR KEY LARGO FL 33037</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>JACK CROSS 210 TAYLOR DR KEY LARGO FL 33037</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD JOHNSON, THOMAS 419 COLLINS ST KEY LARGO FL</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CASTILLO, ALFRED 8 GULFSTREAM DRIVE KEY LARGO FL</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MORTON, RICHARD 4 DOLPHIN RD KEY LARGO FL</b> <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Walter KUSH* DATE: **04-01-99** DAYTIME PHONE: **2305-451-374**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F037 (1/1/98)