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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 733630

1. Corporation Name

STUART LODGE 2337 OSIA HOUSE CORPORATION, INCORPORATED

248001 - 90063 - 28

Principal Place of Business

Mailing Address

812 LINCOLN AVENUE
STUART FL 34995

P.O. BOX 2711
STUART FL 34995-2711



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

08/20/1975

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

65-0339065

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIZZOTTO, SAL
231 SE MONTEREY AVE
STUART FL 34996

81 Name

VINCENT GENCO

82 Street Address (P.O. Box Number is Not Acceptable)

461 SE WHITMORE DR.

83

84 City

PT. ST. LUCIE

FL

85 Zip Code

34984

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

Vincent Genco

(NOTE: Registered Agent signature required when reinstating)

2/27/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P DELETE
NAME RIZZOTTO, SAL
STREET ADDRESS 231 SE MONTEREY AVE
CITY-ST-ZIP STUART FL 34996

1.1 TITLE P Change Addition
1.2 NAME VG VINCENT GENCO
1.3 STREET ADDRESS 461 SE WHITMORE DR.
1.4 CITY-ST-ZIP PT. ST. LUCIE, FL 34984

TITLE T DELETE
NAME VIOLA, CHRISTINA
STREET ADDRESS 105 N. SEWALLS PT. RD.
CITY-ST-ZIP STUART FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VP DELETE
NAME VIOLA, VICTOR
STREET ADDRESS 105 N SEWALLS PT RD
CITY-ST-ZIP STUART FL 34996

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T DELETE
NAME RIZZOTTO, JOHN
STREET ADDRESS 4921 SE POMPANO TERR
CITY-ST-ZIP STUART FL 34997

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE T DELETE
NAME TROLA, MARTIN
STREET ADDRESS 1950 PALM CITY RD
CITY-ST-ZIP STUART FL 34994

5.1 TITLE RS Change Addition
5.2 NAME DAVE FIRPO
5.3 STREET ADDRESS 175 SE ST LUCIE BLVD #A87
5.4 CITY-ST-ZIP STUART, FL 34996

TITLE FS DELETE
NAME GENCO, PAULA
STREET ADDRESS 461 SE WHITMORE DR
CITY-ST-ZIP PORT ST LUCIE FL 34984

6.1 TITLE Change 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:

SIGNATURE REQUIRED

Paula M. Genco 2/28/99 561-340-1631

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037- (11/98)