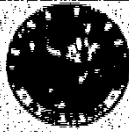


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Monahan  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 PM 1:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 744960 (6)**

1. Corporation Name  
**ARRANT SMITH POST NO. 4127 VETERANS OF FOREIGN W  
ARS OF THE UNITED STATES INC.**

Principal Place of Business Mailing Address  
**601 N.E. 2ND. RD. 601 N.E. 2ND. RD.  
HOMESTEAD FL 33030 HOMESTEAD FL 33030**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified <b>11/15/1978</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-1097344</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
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	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24	25 29 30

9. Name and Address of Current Registered Agent

**CANNING, JAMES R  
601 NE 2ND RD  
HOMESTEAD FL 33030**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<del>FRANCEES, FRANCISCO</del>
STREET ADDRESS	<del>601 NE 2ND RD</del>
CITY-ST-ZIP	<del>HOMESTEAD FL 33030</del>
TITLE	<b>VD</b>
NAME	<b>SULLIVAN, MICHAEL H</b>
STREET ADDRESS	<b>22924 SW 150TH CT</b>
CITY-ST-ZIP	<b>LEISURE CT FL</b>
TITLE	<b>VD</b>
NAME	<del>GEMMILL, HARRY</del>
STREET ADDRESS	<del>18800 SE 318 ST</del>
CITY-ST-ZIP	<del>HOMESTEAD FL</del>
TITLE	<b>STD</b>
NAME	<b>CANNING, JAMES R</b>
STREET ADDRESS	<b>28301 FLORIDA RD</b>
CITY-ST-ZIP	<b>HOMESTEAD FL 33030</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>GRIFFITHS, WALTER V.</b>	
1.3 STREET ADDRESS	<b>18925 SW. 355TH ST.</b>	
1.4 CITY-ST-ZIP	<b>Florida City, FL 33034</b>	
2.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Scullion, Eugene Robert</b>	
3.3 STREET ADDRESS	<b>601 N.E. 2nd Rd</b>	
3.4 CITY-ST-ZIP	<b>HOMESTEAD, FL 33030</b>	
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	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>WINTERS, ALAN THOMAS</b>	
5.3 STREET ADDRESS	<b>1420 N.E. 114th St</b>	
5.4 CITY-ST-ZIP	<b>HOMESTEAD, FL 33033</b>	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: James R Canning Date: 4-28-95 (305) 245-4535