1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744960

1. Corporation Name

ARRANT SMITH POST NO. 4127 VETERANS OF FOREIGN W ARS OF THE UNITED STATES INC.

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

601 N.E. 2ND. RD. HOMESTEAD FL 33030

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90126 045 ****70.00

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						•				
2. Principal P	lace of Business	2a. Mailing Address				3. Date Incorpo		ed		
21		26				11/15/197	8	<u> - </u>		•
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number			<u> </u>	plied For
22		27				59-109734	14			t Applicable
City & Stat	e	City & State				5. Certifcate of	Status Desired	×	\$8.75	
23		28							Fee Re	quired '
Zip	Country	Zip	_ Countr	У		Election Carr		ig 🗆	\$5.00	•
24	25	29 30	<u>) </u>			Trust Fund C			Added t	o Fees
	9. Name and Address of Currer	nt Registered Agent		U NI		0. Name and A	ddress of Nev	w Register	a Agent	
			81	FO	WAI	RORO	BILLA	KD.		
COLE, ROBERT			82	82 Street Address (P.O. Box Number is Not Acceptable)						
	/ 311TH ST				41	37NU 8	IPEK.		<u>v</u>	
	AD FL 33030		83	3		=	•	.*	•	
			84	1 City		<u>.</u>			85 Zip (Code
				1/7	ome	ESTEAD		F	_	ode 35
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statutes,	the abov	/e-named	corporal	tion submits this	statement for t	he purpose	of changing its	registered
office or r	registered agent, or both, in the State, im familiar with end accept the obliga	of Florida. Such change was auth	iorized by	v the corbu	oration's	poard of directo	rs. i nereby ac	cept the ap	pominient as re	yisici c u
					D.	ولأرهده	.t			
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Re	gistered Age	ent signature re	equired wh		w	DATE		
12.		ID DIRECTORS	13.			ADDITIONS/C	HANGES TO	OFFICERS	AND DIRECTO	
TITLE	PD	X DELETE	1.1 TITLE		VD				Change	Addition
NAME	COLE, ROBERT	·	1.2 NAME		FAI	RRELL, 41 sn	STEU	ENK		
STREET ADDRESS	JOSEP ON SANTIL OF		1.3 STREE	ET ADDRESS	169	41 50	301 5	· -		
CITY-ST-ZIP	HOMESTEAD FL		1.4 CITY-1	ST-ZIP	HON	NESTER	90 FL	33	030	
TITLE	VD	☐ DELETE	2.1 TITLE						Change	Addition
NAME	ROBILLARD, EDWARD		2.2 NAME		ROB	ILLAKO,	EONER	KO		
	ARCH ALLIDBIDED DD			ET ADDRESS	136	ILLARD,	PIPEK	KV	ì	
STREET ADDRESS	1 .		2.4 CITY-		N/A	MESTER	90 FC	330	235	,
CITY-ST-ZIP	HOMESTEAD FL 33035	□ DELETE	3.1 TITLE	-51-21	110	7-72-57-67	, -		☐ Change	Addition
TITLE	SD SHILL BARNE ANICHAET	O occess	3.2 NAME							_
NAME	SULLIVAN, MICHAEL							•.		
STREET ADDRESS	1			ET ADDRESS				`-		
CITY-ST-ZIP	LEISURE CITY FL	C oc cre	3.4. CITY-		-				☐ Change	☐ Additio
TITLE	TD	☐ DELETE	4.1 TITLE					•	T cuanda	
NAME	ALDREDGE, KIT		4. 2 NAME				ja			
STREET ADDRESS	1		4.3 STRE	ET ADDRESS						
CITY-ST-ZIP	HOMESTEAD FL		4.4 CITY-		<u> </u>	_		·		
TITLE		☐ DELETE	5.1 TITLE						Change	Addition
NAME			5.2 NAME			•				•
STREET ADDRESS		1	5.3 STRE	ET ADDRESS						
CITY-ST-ZIP			5.4 CITY-		L			·	•	
TITLE		☐ DELETE	6.1 TITLE				•		☐ Change	Additio
NAME			6.2 NAME							
STREET ADDRESS			6.3 STRE	ET ADORESS						
OTT OT TO			64 CITY-	ST-ZIP	i				•	

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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

TO

305-245-4535