


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 02 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 # 746332
 1. Corporation Name
**Fort Lauderdale Lodge No. 983.
 Loyal Order Of Moose**

Principal Place of Business Mailing Address
**4711 North Dixie Highway
 Oakland Park, Fl. 33334**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-0570397	04/07/96
22 City & State	27 City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Country	29 Country	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 South Pine Island Rd.
 Planation, Fl. 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Governor <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gilman Daigle	1.2 NAME	
STREET ADDRESS	201 N.E. 57th St.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, Fl 33334	1.4 CITY-ST-ZIP	
TITLE	Jr. Governor <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY KONGCOL	2.2 NAME	
STREET ADDRESS	120 E. Oakland Park Blvd. #105	2.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Laud. Fl. 33374	2.4 CITY-ST-ZIP	
TITLE	1 Year Trustee <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Art Schupner	3.2 NAME	
STREET ADDRESS	2124 NE 5th Ave #112	3.3 STREET ADDRESS	
CITY-ST-ZIP	Wilton Manors, Fl. 33305	3.4 CITY-ST-ZIP	
TITLE	2 Year Trustee <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gary Stevens	4.2 NAME	
STREET ADDRESS	5801 NE 2nd Terr.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Laud. Fl. 33334	4.4 CITY-ST-ZIP	
TITLE	3 Year Trustee <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gerald Thompson	5.2 NAME	
STREET ADDRESS	1119 N. Andrews Ave.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Laud. Fl 33311	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Handwritten initials and date: RW 6-2-97

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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 if changed, or on an attachment with an address.

SIGNATURE: Governor Gilman Daigle *Gilman Daigle* **5/29/97(954) 202-9120**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE037 (9/96)