

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
**May 01, 1996 08:00 AM**  
**Secretary of State**

DOCUMENT # **748814** (1)  
1. Corporation Name  
**ALLIED VETERANS OF THE WORLD, INC: AND AFFILIATES**



Principal Place of Business Mailing Address  
**68 BEAL PARKWAY NW FORT WALTON BEACH FL 32548** **68 BEAL PARKWAY NW FORT WALTON BEACH FL 32548**

3. Date Incorporated or Qualified **09/06/1979** 3a. Date of Last Report **04/21/1995**  
4. FEI Number **59-1951577** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**HAROLD GROSSMAN  
352 KEPNER DR NE  
FT WALTON BEACH FL 32548**

10. Name and Address of New Registered Agent  
81 Name **HAROLD GROSSMAN**  
82 Street Address (P.O. Box Number is Not Acceptable) **353 KEPNER DR. N.E.**  
83 **FORT WALTON BEACH FL. 32548**  
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 *Harold Grossman* DATE **4-3-96**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)

12. OFFICERS AND DIRECTORS

TITLE	<b>CTD</b>	<input type="checkbox"/> DELETE
NAME	<b>GROSSMAN, HAROLD</b>	
STREET ADDRESS	<b>353 KAPNER DR NE</b>	
CITY-ST-ZIP	<b>FT WALTON BEACH FL</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ROBERT, GARY</b>	
STREET ADDRESS	<b>940 SANTA ROSA BLVD.</b>	
CITY-ST-ZIP	<b>FT. WALTON BCH. FL</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>TAYLOR, ANDY</b>	
STREET ADDRESS	<b>3 JONQUIL AVE NW</b>	
CITY-ST-ZIP	<b>FT WALTON BCH FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>KING, FRANKLIN L</b>	
STREET ADDRESS	<b>208 CORAL DR</b>	
CITY-ST-ZIP	<b>FT WALTON BEACH FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GROSSMAN, TONYA</b>	
STREET ADDRESS	<b>353 KAPNER DR NE</b>	
CITY-ST-ZIP	<b>FT WALTON BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1.1 TITLE	<b>SAME</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b><del>KINRAXRONEKX</del> TREAS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>FD LINDA BOWLES</b>	
2.3 STREET ADDRESS	<b>308 Laurel Bay Pky - 27B</b>	
2.4 CITY-ST-ZIP	<b>FORT WALTON BEACH FL. 32548</b>	
3.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b><del>JERRY SARGOL</del></b>	
3.3 STREET ADDRESS	<b><del>29 WALTON BLVD DR</del></b>	
3.4 CITY-ST-ZIP	<b><del>FORT WALTON BEACH FL. 32548</del></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>T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b><del>351 X KAPNER DR XXXX N E X</del></b>	
5.3 STREET ADDRESS	<b><del>FORT WALTON BEACH FL XXXX 32548 X</del></b>	
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>TEDDIE BRADLEY</b>	
6.3 STREET ADDRESS	<b>351 KEPNER DR. N.E.</b>	
6.4 CITY-ST-ZIP	<b>FORT WALTON BEACH FL. 32548</b>	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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: *Harold Grossman* **HAROLD GROSSMAN** DATE: **4-3-96** DAYTIME PHONE: **243-7240**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E037 (12/95)