

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 15 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

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



| | |
|---|--|
| Principal Place of Business 68 BEAL PARKWAY NW FORT WALTON BEACH FL 32548 | Mailing Address 68 BEAL PARKWAY NW FORT WALTON BEACH FL 32548-4828 |
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|--|----------------------------------|--|---------------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 4. FEI Number 59-1951577 | Applied For Not Applicable |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| City & State 23 | City & State 28 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| Zip 24 | Country 25 | Zip 29 | Country 30 |
| 3. Date Incorporated or Qualified 09/06/1979 | | 3a. Date of Last Report 05/01/1996 | |
| 8. 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 HAROLD GROSSMAN 353 KEPNER DR NE FT WALTON BEACH FL 32548 | | 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 *HAROLD GROSSMAN - C-FD* (NOTE: Registered Agent's signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | CTD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GROSSMAN, HAROLD | 1.2 NAME | |
| STREET ADDRESS | 353 KAPNER DR NE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT WALTON BEACH FL | 1.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOWLES, LINDA 236 | 2.2 NAME | |
| STREET ADDRESS | 308 MIRACLE STRIP PKWY 338 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT WALTON BEACH FL | 2.4 CITY-ST-ZIP | |
| TITLE | T <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | TAYLOR, ANDY | 3.2 NAME | JOHNNY DUNCAN - T-C |
| STREET ADDRESS | 3 JONQUIL AVE NW | 3.3 STREET ADDRESS | 308 MIRACLE STRIP, PARKWAY 33-B |
| CITY-ST-ZIP | FT WALTON BCH FL | 3.4 CITY-ST-ZIP | FT WALTON BEACH FL |
| TITLE | T <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KING, FRANKLIN L | 4.2 NAME | |
| STREET ADDRESS | 208 CORAL DR | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT WALTON BEACH FL | 4.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GROSSMAN, TONYA | 5.2 NAME | |
| STREET ADDRESS | 353 KAPNER DR NE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT WALTON BEACH FL | 5.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRADLEY, TEDDIE | 6.2 NAME | |
| STREET ADDRESS | 351 KEPNER DR NW | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT WALTON BEACH FL | 6.4 CITY-ST-ZIP | |

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.

HAROLD GROSSMAN - HAROLD GROSSMAN - 97 921 112 560

CR2E037 (9/96)