SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTE. ER : 1, 1, 3. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25). NONPROFIT

FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham FILED ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 98 NOV -9 PM 2: 41 DOCUMENT # 749646 (6)SECRETARY OF STATE ELLENTON V.F.W. NO. 9226, VETERANS OF FOREIGN WA RS OF THE UNITED STATES, INC. Principal Place of Business Mailing Address 3511 12TH ST., E. ELLENTON FL 34222 3511 12TH ST., E. 3. Date incorporated or Qualified **ELLENTON FL 34222** 11/02/1979 FEI Number Applied For 59-1936299 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 27 Added to Fees Trust Fund Contribution 7. Is this nonprofit corporation a homeowners association? City & State City & State 23 28 This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip Country Zio Country 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HARRINGTON, RICHARD Street Address (P.O. Box Number in Net Acceptable) 893 00-82 107 49TH STREET EAST 11/17/38--01037--017 83 PALMETTO FL 34221 ****F1_25 84 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) (26/9)12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 1.1 TITLE COMMANDERID Change DELETE TAYLOR, TAMES HARRINGTON, RICH NAME 1.2 NAME **CR2E037** STREET ADDRESS 3511 12TH ST. E. 1.3 STREET ADDRESS **ELLENTON FL** ALMETTO, FIR 342 CITY-ST-ZIP 1.4 CITY-ST-ZIP PAWYL, DWIEHTW/D 3511 12Th ST.E. TITLE DELETE 2.1 TITLE VCD. NAME CARRELL, CHARLIE 3511 12TH ST. E. 2.3 STREET ADDRESS STREET ADDRESS ELLENION FIA **ELLENTON FL** CITY-ST-ZIP 2.4 CTTY-ST-ZIP T.V.C. ANDERSON, DAVIDM/D Change Addition 2703 4973 ST. E. PALAETTA FIA 34221 TITLE 3,1 TITLE Cn DELETE PARDON, JOHN 3.2 NAME NAME 3511 12TH ST. E 3.3 STREET ADDRESS STREET ADDRES **ELLENTON FL** CITY-ST-ZIP 3.4 CITY-ST-ZIP Change Addition TITLE 4.1 TITLE DELETE TD Charles H. CARROll FIE 1401 155 AVE E. BRADENTON, FIA. 34. NAME GOERGEN, J. 4.2 NAME 3511 12TH ST EAST STREET ADDRESS 4.3 STREET ADDRESS **ELLENTON FL** 4.4 CITY-ST-ZIP CITY-ST-ZIP 5.1 TITLE TITLE DELETE Change Addition NAME DAVIS, WILLIAM K 5.2 NAME 3511 12TH ST EAST STREET ADDRESS 5.3 STREET ADORESS CITY-ST-ZIP **ELLENTON FL** 5.4 CITY-ST-ZIP HILE 6.1 TITLE DELETE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 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.

SIGNATURE: Charles of Printed Name of Signing Officer or Director Date