

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N04702 (9)
1. Corporation Name
CLINE-PAUTSCH-KOTT POST 164, INC.



Principal Place of Business Mailing Address
**571 WEST OCEAN AVE
PO BOX 1018
BOYNTON BEACH FL 33426-4384**

3. Date Incorporated or Qualified **08/10/1984** 3a. Date of Last Report **05/01/1995**
4. FEI Number **05-9620073** 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 28 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOYCE, DONALD E
803 SW 7TH AVE
BOYNTON BEACH FL 33426**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, KENNETH J	
STREET ADDRESS	4428 SE HAMILTON LN	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TUFTS, BRUCE	
STREET ADDRESS	2235 NO. FEDERAL HWY	
CITY-ST-ZIP	BOYNTON BCH. FL 33435	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JOYCE, DONALD E	
STREET ADDRESS	803 SW 7TH AVE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HERSHMAN, ANDREW E	
STREET ADDRESS	6032 LACE WOOD CIRCLE	
CITY-ST-ZIP	LANTANA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SWEENEY, ROBERT J	
STREET ADDRESS	52009 FLOINADA BAY	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ERICKSON THOMAS A	
STREET ADDRESS	5673 WALTHAM WAY	
CITY-ST-ZIP	LAKE WORTH FL 33463-6609	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P PAUL MARTEL
1.3 STREET ADDRESS	1765 16TH CT. N
1.4 CITY-ST-ZIP	LAKE WORTH FL 33460-6435
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D ARTHUR F. BARSILLE
2.3 STREET ADDRESS	7146 MICHIGAN ISLE RD
2.4 CITY-ST-ZIP	LAKE WORTH FL 33467-7610
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D ROD C ATON
4.3 STREET ADDRESS	804 NW 10TH AVE
4.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33426-2941
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Robert J Borovy
6.3 STREET ADDRESS	2521 SW 11TH ST.
6.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33426-7408

14. I do hereby certify that the information supplied 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: *Donald E Joyce* **DONALD E. JOYCE** MAR. 9, 1996 734-3971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)