

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

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
03/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

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

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 MARTIN J. WORK
82 Street Address (P.O. Box Number is Not Acceptable)
83 1174 SW 27th PLACE
84 City BOYNTON BEACH FL 85 Zip Code 33426

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 MARTIN J. WORK TREASURER 2/9/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTEL, PAUL	1.2 NAME	RICHARD WILHELM
STREET ADDRESS	1765 16TH CT N	1.3 STREET ADDRESS	2539 SW 11 th CT.
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARILLE, ARTHUR F	2.2 NAME	ROD C. ATON
STREET ADDRESS	7146 MICHIGAN ISLE RD	2.3 STREET ADDRESS	804 NW 10 th AVE
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	BOYNTON BEACH, FL. 33426
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOYCE, DONALD E	3.2 NAME	MICHAEL DODGE
STREET ADDRESS	803 SW 7TH AVE	3.3 STREET ADDRESS	2204 NW 21 st WAY #389
CITY-ST-ZIP	BOYNTON BEACH FL	3.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATON, ROD C	4.2 NAME	WILLIAM A. JONES
STREET ADDRESS	804 NW 107TH AVE	4.3 STREET ADDRESS	114 NW 6 th STREET
CITY-ST-ZIP	BOYNTON BEACH FL	4.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEENEY, ROBERT J	5.2 NAME	KENNETH L. WOODRING
STREET ADDRESS	52009 FLOINADA BAY	5.3 STREET ADDRESS	1105 SE 1 st STREET
CITY-ST-ZIP	BOYNTON BEACH FL	5.4 CITY-ST-ZIP	BOYNTON BEACH, FL. 33426
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOROVY, ROBERT J	6.2 NAME	MARTIN J. WORK
STREET ADDRESS	2521 SW 11TH ST	6.3 STREET ADDRESS	1174 SW. 27 th PLACE
CITY-ST-ZIP	BOYNTON BEACH FL	6.4 CITY-ST-ZIP	BOYNTON BEACH, FL. 33426

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: MARTIN J. WORK 1/10/97 (561) 736-0822

CR2E037 (9/96)