


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90207 044 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N04702**

1. Corporation Name  
**CLINE-PAUTSCH-KOTT POST 164, INC.**

Principal Place of Business 571 WEST OCEAN AVE PO BOX 1018 BOYNTON BEACH FL 33426-4384	Mailing Address 571 WEST OCEAN AVE PO BOX 1018 BOYNTON BEACH FL 33426-4384
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 08/10/1984	4. FEI Number 05-9620073 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent  WORK, MARTIN J 1174 SW 27TH PLACE BOYNTON BEACH FL 33426	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
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERSHMAN, ANDREW	1.2 NAME	RICHARD LAGASSE
STREET ADDRESS	6032 LACE WOOD CIR	1.3 STREET ADDRESS	5128 ARBOR GLEN CIRCLE
CITY-ST-ZIP	LANTANA FL 33462-2137	1.4 CITY-ST-ZIP	LAKE WORTH, FL. 33463
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILHELM, RICHARD	2.2 NAME	DANIEL CASSIDY
STREET ADDRESS	2539 SW 11 CT	2.3 STREET ADDRESS	419 W. OCEAN AVE
CITY-ST-ZIP	BOYNTON BEACH FL 33426	2.4 CITY-ST-ZIP	BOYNTON Bch. FL. 33435
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODGSON, THOMAS	3.2 NAME	
STREET ADDRESS	2400 SPRINGDALE BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM SPRINGS FL 33461	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEENEY, ROBERT J	4.2 NAME	
STREET ADDRESS	52009 FLOINADA BAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33436-1959	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOODRING, KENNETH L	5.2 NAME	RAYMOND O'CONNELL
STREET ADDRESS	1105 SE 1ST ST.	5.3 STREET ADDRESS	1017 SW 27TH AVE
CITY-ST-ZIP	BOYNTON BCH FL	5.4 CITY-ST-ZIP	BOYNTON Bch. FL. 33426
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORK, MARTIN J	6.2 NAME	
STREET ADDRESS	1174 SW 27TH PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	6.4 CITY-ST-ZIP	33426

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, with all other like empowered.

SIGNATURE: Martin J Work **MARTIN J WORK** 2-17-99 (561) 736-0872  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)