

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90012 047 \*\*\*\*61.25

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|   |   |  |
|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # N43859**

1. Corporation Name  
**NAVY SEABEE VETERANS OF AMERICA ISLAND X-5, DEPARTMENT OF FLORIDA, INC.**

|  |   |
|--|---|
| Principal Place of Business<br>1431 S OCEAN BLVD<br>62<br>POMPANO BCH FL 33062<br>US | Mailing Address<br>1431 S OCEAN BLVD<br>#62<br>POMPANO BCH FL 33062<br>US |
|--|---|

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|                                      |                           |   |
|--------------------------------------|---------------------------|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualified<br>06/13/1991   |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>NOT APPLICABLE   |
| City & State<br>23                   | City & State<br>28        | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                    |
| Zip<br>24                            | Country<br>25             | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

9. Name and Address of Current Registered Agent

**HOFFMAN, RICHARD.**  
**1431 S OCEAN BLVD**  
**62**  
**POMPANO BCH FL 33062**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | FL          |
| 83  |             |
| 84 City   |             |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | D                     | <input type="checkbox"/> DELETE |
| NAME           | YOUNG, PETER A        |                                 |
| STREET ADDRESS | 12355 NW 10 DR        |                                 |
| CITY-ST-ZIP    | CORAL SPRINGS FL      |                                 |
| TITLE          | D                     | <input type="checkbox"/> DELETE |
| NAME           | HOFFMAN, RICHARD E.   |                                 |
| STREET ADDRESS | 1431 S OCEAN BLVD #62 |                                 |
| CITY-ST-ZIP    | POMPANO BCH FL        |                                 |
| TITLE          | D                     | <input type="checkbox"/> DELETE |
| NAME           | DE ARAGON, ORLANDO C. |                                 |
| STREET ADDRESS | 9920 S.W. 108TH ST.   |                                 |
| CITY-ST-ZIP    | MIAMI FL              |                                 |
| TITLE          | D                     | <input type="checkbox"/> DELETE |
| NAME           | MAGIE, ROBERT A.      |                                 |
| STREET ADDRESS | 925 N. 32ND AVE.      |                                 |
| CITY-ST-ZIP    | HOLLYWOOD FL          |                                 |
| TITLE          | D                     | <input type="checkbox"/> DELETE |
| NAME           | KALNOFSKE, GEORGE     |                                 |
| STREET ADDRESS | 1550 SR 84 #211       |                                 |
| CITY-ST-ZIP    | FT LAUDERDALE FL      |                                 |
| TITLE          |                       | <input type="checkbox"/> DELETE |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 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, with all other like empowered.

SIGNATURE: Richard E. Hoffman **REQUIRED** RICHARD E. HOFFMAN Date \_\_\_\_\_ Daytime Phone # (954) 943-3344

CR2E037 (11/98)