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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N04837** (3)

1. Corporation Name

AMERICAN MERCHANT MARINE VETERANS, INC.

Principal Place of Business

Mailing Address

**4720 SE 15TH AVE.
SUITE 202
CAPE CORAL FL 33904**

**4720 SE 15TH AVE.
SUITE 202
CAPE CORAL FL 33904**

2. Principal Place of Business

2a. Mailing Address

21 1210 Lafayette ST

2b P O BOX 151205

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Cape Coral, FL

28 Cape Coral, FL

24 Zip
33904

25 Country
Lee

29 Zip
33915

30 Country
Lee

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERRY, CALVIN
4720 SE 15TH AVE.
SUITE 202
CAPE CORAL FL 33904**

81 Name Berry, Calvin

**82 Street Address (P.O. Box Number is Not Acceptable)
1946 SE 36th Terrace**

83

84 City Cape Coral

FL

**85 Zip Code
33904**

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**P/D
NAME SEARLE, GEORGE
STREET ADDRESS 4720 SE 15TH AVE. SUITE 202
CITY-ST-ZIP CAPE CORAL FL 33904**

1.1 TITLE ☐ Change ☐ Addition

**P/D
1.2 NAME Searle, George
1.3 STREET ADDRESS 1210 Lafayette ST
1.4 CITY-ST-ZIP Cape Coral, FL 33904**

TITLE ☐ DELETE

**VP/D
NAME CANTUA, WILLIAM
STREET ADDRESS 4720 SE 15TH AVE. SUITE 202
CITY-ST-ZIP CAPE CORAL FL 33904**

2.1 TITLE ☐ Change ☐ Addition

**2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP**

TITLE ☐ DELETE

**S/D
NAME FRALEY, THOMAS
STREET ADDRESS 4720 SE 15TH AVE. SUITE 202
CITY-ST-ZIP CAPE CORAL FL 33904**

3.1 TITLE ☐ Change ☐ Addition

**3.2 NAME Fraley, Thomas
3.3 STREET ADDRESS 1210 Lafayette
3.4 CITY-ST-ZIP Cape, Coral, FL 33904**

TITLE ☐ DELETE

**T/D
NAME BERRY, CALVIN
STREET ADDRESS 4720 SE 15TH AVE. SUITE 202
CITY-ST-ZIP CAPE CORAL FL 33904**

4.1 TITLE ☐ Change ☐ Addition

**4.2 NAME Berry, Calvin
4.3 STREET ADDRESS 1946 SE 36th Terrace
4.4 CITY-ST-ZIP Cape Coral, FL 33904**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

5.1 TITLE ☐ Change ☐ Addition

**5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:  **4-8-98 941-549-9767**

CR2E037 (10/97)