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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
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		
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	
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		
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 _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE P <input checked="" type="checkbox"/> DELETE NAME HERSHMAN, ANDREW STREET ADDRESS 6032 LACE WOOD CIR CITY-ST-ZIP LANTANA FL 33462-2137			1.1 TITLE P <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME RICHARD LAGASSE 1.3 STREET ADDRESS 5128 ARBOR GLEN CIRCLE 1.4 CITY-ST-ZIP LAKE WORTH, FL. 33463		
TITLE D <input checked="" type="checkbox"/> DELETE NAME WILHELM, RICHARD STREET ADDRESS 2539 SW 11 CT CITY-ST-ZIP BOYNTON BEACH FL 33426			2.1 TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME DANIEL CASSIDY 2.3 STREET ADDRESS 419 W. OCEAN AVE 2.4 CITY-ST-ZIP BOYNTON Bch. FL. 33435		
TITLE S <input type="checkbox"/> DELETE NAME HODGSON, THOMAS STREET ADDRESS 2400 SPRINGDALE BLVD CITY-ST-ZIP PALM SPRINGS FL 33461			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE NAME SWEENEY, ROBERT J STREET ADDRESS 52009 FLOINADA BAY CITY-ST-ZIP BOYNTON BEACH FL 33436-1959			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE D <input checked="" type="checkbox"/> DELETE NAME WOODRING, KENNETH L STREET ADDRESS 1105 SE 1ST ST. CITY-ST-ZIP BOYNTON BCH FL			5.1 TITLE RAYMOND O'CONNELL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 1017 SW 27TH AVE 5.4 CITY-ST-ZIP BOYNTON Bch. FL. 33426		
TITLE T <input type="checkbox"/> DELETE NAME WORK, MARTIN J STREET ADDRESS 1174 SW 27TH PLACE CITY-ST-ZIP BOYNTON BEACH FL 33426			6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-99 (561) 736-0872
Date Daytime Phone #

CR2E037 (11/98)