


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90105 012 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>			<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N19026</b>			
1. Corporation Name <b>THE 493RD BOMBARDMENT GROUP (H) MEMORIAL ASSOCIATION, INC.</b>			
Principal Place of Business <b>1609 CAMPBELL AVENUE ORLANDO FL 32806</b>		Mailing Address <b>1609 CAMPBELL AVENUE ORLANDO FL 32806</b>	



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date incorporated or Qualified <b>01/30/1987</b>	
				4. FEI Number <b>NOT APPLICABLE</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent <b>SAMSON, ELWOOD H., JR. 1609 CAMPBELL AVENUE ORLANDO FL 32806</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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

Signature, typed or printed name of registered agent and title if applicable.

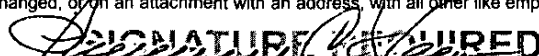
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PROTSMAN, NORMAN O			1.2 NAME			
STREET ADDRESS	PO BOX 190 N/A			1.3 STREET ADDRESS			
CITY-ST-ZIP	LIVE OAK FL 32060			1.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAWSON, WILLIAM C			2.2 NAME			
STREET ADDRESS	5048 DELACROIX RD			2.3 STREET ADDRESS			
CITY-ST-ZIP	RANCHO PALOS VERDES CA 90274			2.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FELLER, JOHN W			3.2 NAME			
STREET ADDRESS	12 RIDGEVIEW RD			3.3 STREET ADDRESS			
CITY-ST-ZIP	MULLINS WV 25882-6220			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DONOLDSON, ROY U JR			4.2 NAME			
STREET ADDRESS	6311 SABASTIAN CT			4.3 STREET ADDRESS			
CITY-ST-ZIP	COLUMBUS OH 43213			4.4 CITY-ST-ZIP			
TITLE	TS	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHAW, AMBROSE C			5.2 NAME			
STREET ADDRESS	1020 VILLAGE DR., #63			5.3 STREET ADDRESS			
CITY-ST-ZIP	ARKADELPHIA AR 71923			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	RAMSEY, JOHN			6.2 NAME	Ruggiero, Arthur J.		
STREET ADDRESS	PO BOX 237 N/A			6.3 STREET ADDRESS	34 Summit Dr		
CITY-ST-ZIP	SAULT ST MARIE MI			6.4 CITY-ST-ZIP	North Branford, CT 06471		

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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

2/20/99 (870) 246-7098

CR2E037 (1/98)