

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90015 019 ****70.00

DOCUMENT # 701196

1. Corporation Name

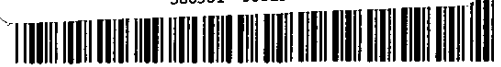
HOLLYWOOD LODGE NO 1732, BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA

Principal Place of Business

EJECTIVE ORDER OF ELKS OF TH U.S. OF AMERICA
1308 S FEDERAL HWY
HOLLYWOOD FL 33020

Mailing Address

6282 WINFIELD BLVD
1308 S FEDERAL HWY
MARGATE FL 33063
US



2. Principal Place of Business

1 6282 WINFIELD BLVD
Suite, Apt. #, etc.

2a. Mailing Address

26 6282 WINFIELD BLVD.
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

07/14/1960

4. FEI Number

59-0574520

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

City & State

3 MARGATE, FL.

City & State

28 MARGATE, FL.

Zip

1 33063

Country

25 BROWARD

Zip

29 33063

Country

30 BROWARD

9. Name and Address of Current Registered Agent

MAWDEL, NORMAN
6282 WINFIELD BLVD
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name

MANDEL, NORMAN

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TRD
NAME MANDEL, NORMAN
STREET ADDRESS 6282 WINFIELD BLVD
CITY-STATE-ZIP MARGATE FL 33063

DELETE

TITLE TRD
NAME KERSHAW, JAMES L
STREET ADDRESS 2691 N ANDREWS AVE
CITY-STATE-ZIP FT LAUDERDALE FL 33311

DELETE

TITLE TRD
NAME LUPSELL, DOUGLAS R
STREET ADDRESS 6901 SW 6TH STREET
CITY-STATE-ZIP PEMBROKE PINES FL 33023

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

Change Addition

2125 E. ATLANTIC BLVD
POMPANO BEACH, FL 33062

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

Change Addition

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:

NORMAN MANDEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULY 5, 1999 (954) 971-3956
Date Daytime Phone #

CR2E037 (5/99)