

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).

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

0002925

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

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

DOCUMENT # 701196

1. Corporation Name

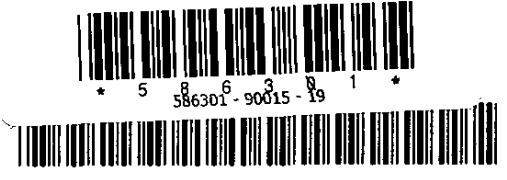
HOLLYWOOD LODGE NO 1732, BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA

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

City & State
 3 MARGATE, FL.

City & State
 28 MARGATE, FL.

5. Certificate of Status Desired \$8.75 Additional Fee Required

Zip Country
 1 33063 25 BROWARD

Zip Country
 29 33063 30 BROWARD

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

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	<input type="checkbox"/> DELETE
NAME	MANDEL, NORMAN	
STREET ADDRESS	6282 WINFIELD BLVD	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	TRD	<input type="checkbox"/> DELETE
NAME	KERSHAW, JAMES L	
STREET ADDRESS	2691 N ANDREWS AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	TRD	<input type="checkbox"/> DELETE
NAME	LUPISELL, DOUGLAS R	
STREET ADDRESS	6901 SW 6TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33023	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2125 E. ATLANTIC BLVD
2.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062
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: **NORMAN MANDEL** **MANDEL** JULY 5, 1999 (954) 971-3956
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)