


FILE NOW: FILING FEE IS \$61.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 715173			
1. Corporation Name POST NO. 8193, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.			
Principal Place of Business U.F.W. POST 8193 757 ALL-BABA AVENUE OPA LOCKA FL 33054		Mailing Address U.F.W. POST 8193 757 ALL-BABA AVENUE OPA LOCKA FL 33054	



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 08/27/1968	
4. FEI Number 59-6198620		Applied For <input type="checkbox"/> 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"/>		7. \$5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent KOSCHEM, EDWARD P. 2841 N.W. 132ND TERRACE OPA LOCKA FL 33054				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	
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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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	R	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADDOX, BILLY RAY	1.2 NAME	
STREET ADDRESS	17035 N.W. 17TH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33056	1.4 CITY-ST-ZIP	600002761866--3
TITLE	POD	2.1 TITLE	-02/02/99--01059--003
NAME	KOSCHEN, EDWARD P	2.2 NAME	*****61.25 *****61.25
STREET ADDRESS	2841 N.W. 132 TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL 33054	2.4 CITY-ST-ZIP	
TITLE	PSVD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, ROBERT	3.2 NAME	PULU, FRANK T.
STREET ADDRESS	5951 E 4TH AVE APT. 8	3.3 STREET ADDRESS	2960 N.W. 153 RD. TER.
CITY-ST-ZIP	HALEAH FL 33012	3.4 CITY-ST-ZIP	OPA-LOCKA, FL. 33054
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVINEY, RALPH E	4.2 NAME	
STREET ADDRESS	4840 N.W. 170 STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL 33054	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Billy Ray Maddox* **BILLY RAY MADDOX** 305-685-8633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0023379

CR2E037 (11/98)