

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 725075 (6)

1. Corporation Name
HIALEAH LODGE NO 1074, LOYAL ORDER OF MOOSE INC



Principal Place of Business 305 E. 32ND ST HIALEAH FL 33013 US	Mailing Address 305 E 32ND ST HIALEAH FL 33013-3214 US
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3. Date Incorporated or Qualified 12/18/1972	3a. Date of Last Report 04/29/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-0621925	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"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	000002190740
84 City	05/27/97 01006 011 ***61.25 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	DEVERE, GEORGE	1.2 NAME	LEONARD, D. Blandin
STREET ADDRESS	303 NW 97 ST	1.3 STREET ADDRESS	3790 E. 1st Ave
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Hialeah, FL 33013-2650
TITLE	VD	2.1 TITLE	VD
NAME	O'GRADY, PAUL	2.2 NAME	JOSEPH, G. write
STREET ADDRESS	865 W 70th PL	2.3 STREET ADDRESS	361 W 30th St
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP	Hialeah, FL 33012-5311
TITLE	TDS	3.1 TITLE	TDS
NAME	LENHARDT, RICHARD	3.2 NAME	Robert Randolph
STREET ADDRESS	702 E. 37 St	3.3 STREET ADDRESS	5731 NW 37 St apt 210
CITY-ST-ZIP	HIALEAH FL	3.4 CITY-ST-ZIP	Miami, FL 33166
TITLE	STD	4.1 TITLE	STD
NAME	RANDOLPH, ROBERT	4.2 NAME	DAVID DEARSTEIN
STREET ADDRESS	317 E 4th ST	4.3 STREET ADDRESS	4955 NW 199 St
CITY-ST-ZIP	HIALEAH FL	4.4 CITY-ST-ZIP	Miami, FL 33055-1756
TITLE	SDT	5.1 TITLE	SDT
NAME	HANSON, ROBERT	5.2 NAME	Eric Rysak
STREET ADDRESS	434 E. 4th ST.	5.3 STREET ADDRESS	650 E. 65 St
CITY-ST-ZIP	HIALEAH FL	5.4 CITY-ST-ZIP	Hialeah, FL 33013
TITLE	STD	6.1 TITLE	STD
NAME	POPOVICH, JOHN	6.2 NAME	LAWRENCE S. Fleisher
STREET ADDRESS	131 W 5th ST	6.3 STREET ADDRESS	P.O. Box 3772 540 E 53rd St
CITY-ST-ZIP	HIALEAH FL	6.4 CITY-ST-ZIP	Hialeah, FL 33013-0722

14. I do 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.

CR2E037 (9/96)