

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Oct 07 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 725075 (6)
 1. Corporation Name
 HIALEAH LODGE NO 1074, LOYAL ORDER OF MOOSE INC



Principal Place of Business Mailing Address
 305 E. 32ND ST HIALEAH FL 33013 US
 305 E 32ND ST HIALEAH FL 33013-3214 US

3. Date Incorporated or Qualified
 12/18/1972
 4. FEI Number
 59-0621925
 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
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address
 28 305 E. 32nd St. 26 305 E. 32nd St.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Hialeah, FL 28 Hialeah, FL
 Zip Country Zip Country
 24 33013 25 Miami-Dade 29 33013 30 Miami-Dade

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
 84 City
 85 Zip Code
 FL

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 6-30-98
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME BLAUDON, LEANAND D	
STREET ADDRESS 3790 E. 1ST AVE	
CITY-ST-ZIP HIALEAH FL 33013-2650	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME GURITSE, JOSEPH	
STREET ADDRESS 381 W 30TH ST	
CITY-ST-ZIP HIALEAH FL 33012-5311	
TITLE TDS	<input type="checkbox"/> DELETE
NAME RANDOLPH, ROBERT	change address
STREET ADDRESS 4955 NW 199 ST	
CITY-ST-ZIP MIAMI FL 33055-1758	
TITLE SDT	<input checked="" type="checkbox"/> DELETE
NAME RYOSH, EMIL	
STREET ADDRESS 650 E 65 ST	
CITY-ST-ZIP HIALEAH FL 33013	
TITLE STD	<input checked="" type="checkbox"/> DELETE
NAME FLUSHER, LAWRENCE S	
STREET ADDRESS 580 E 53RD ST	
CITY-ST-ZIP HIALEAH FL 33013	
TITLE STD	<input checked="" type="checkbox"/> DELETE
NAME POPOVICH, JOHN	
STREET ADDRESS 131 W 59 ST	
CITY-ST-ZIP HIALEAH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE Governor PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Largen, Raymond E.	
1.3 STREET ADDRESS 13237 S. W. 43rd Lane	
1.4 CITY-ST-ZIP Miami, FL 33175-3938	
2.1 TITLE Jr. Governor VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Canero, Raymond P.	
2.3 STREET ADDRESS 610 W. 64th Drive	
2.4 CITY-ST-ZIP Hialeah, FL 33012	
3.1 TITLE Jr. Past Governor TDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Randolph, Robert B.	
3.3 STREET ADDRESS 5731 N. W. 37th St., Apt. 210	
3.4 CITY-ST-ZIP Miami, FL 33166	
4.1 TITLE Administrator SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Delio, Wayne	
4.3 STREET ADDRESS 801 S. Royal Poinciana Blvd.	
4.4 CITY-ST-ZIP Miami Springs, FL 33166	
5.1 TITLE Treasurer SDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME Andrews, Henry A.	
5.3 STREET ADDRESS 51 East 43rd Street	
5.4 CITY-ST-ZIP Hialeah, FL 33013-2250	
6.1 TITLE Trustee STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME Fleisher, Lawrence S.	
6.3 STREET ADDRESS P.O. Box 372 560 E. 53 St.	
6.4 CITY-ST-ZIP Hialeah, FL 33013-0372	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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.

SIGNATURE: Henry A. Andrews DATE: 6-30-98
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Henry A. Andrews, Treasurer (305) 888-8825 Daytime Phone #

CR2E037 (5/98)