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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 726469 (0)
1. Corporation Name
**RAY RENUART POST NO. 5718 VETERANS OF FOREIGN WA
WARS OF THE UNITED STATES, INC.**



Principal Place of Business 45 ALMERIA AVENUE P O BOX 340811 CORAL GABLES FL 33134	Mailing Address 45 ALMERIA AVENUE P O BOX 340811 CORAL GABLES FL 33134
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3. Date Incorporated or Qualified 05/22/1973	
4. FEI Number 59-6162526	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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent

**LEVI, ROY E
3889 NW 6TH ST
MIAMI FL 33126**

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

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

TITLE	D <input type="checkbox"/> DELETE
NAME	LEE, GARY R.
STREET ADDRESS	12270 SW 30 STREET
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	DT <input type="checkbox"/> DELETE
NAME	CLARKE, JACQUES L
STREET ADDRESS	7700 PONCE DE LEON RD.
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	GAINSLEY, GERALD
STREET ADDRESS	3340 SW 16TH TERRACE
CITY-ST-ZIP	MIAMI FL
TITLE	RD <input type="checkbox"/> DELETE
NAME	LEVI, ROY E
STREET ADDRESS	3889 NW 6TH ST
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	CHOCKLA, MITCHEL
STREET ADDRESS	6520 SW 63RD CT.
CITY-ST-ZIP	MIAMI FL
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	P/O
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	33175
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	33143
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	33145
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	V/O
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	33126
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	33143
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.

SIGNATURE: **JACQUES L. CLARKE** *Jacques Clarke* 305 447-3549 2/24/98

CR2E037 (10/97)