

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **745727** (8)

1. Corporation Name
AMERICAN VETERANS POST #2, AT TAMARAC, INC.



Principal Place of Business

**8300 NW 100 TERRACE
TAMARAC FL 33321**

Mailing Address

**8300 NW 100 TERRACE
TAMARAC FL 33321**

3. Date Incorporated or Qualified
01/26/1979

3a. Date of Last Report
03/06/1995

2. Principal Place of Business

21 **8201 N.W. 101 Ave**
Suite, Apt. #, etc.

2a. Mailing Address

26 **8201 N.W. 101 Ave**
Suite, Apt. #, etc.

4. FEI Number
59-1835265

Applied For
Not Applicable

22 City & State

23 **Tamarac**

27 City & State

28 **Tamarac**

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

24 Zip **33321**

25 Country **Broward**

29 Zip **33321**

30 Country **Broward**

9. Name and Address of Current Registered Agent

**SALOMONE, MICHAEL J.
7800 WEST OAKLAND PARK BLVD
SUITE 103
SUNRISE FL 33321**

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

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

☐ DELETE

TITLE **D**
NAME **GOULD, NORIA**
STREET ADDRESS **9201 N W 64 ST**
CITY-ST-ZIP **TAMARAC, FL 00000**

TITLE **D**
NAME **DAVIDOW, BENJAMIN**
STREET ADDRESS **8300 NW 100TH TERR**
CITY-ST-ZIP **TAMARAC, FL 00000**

TITLE **CD**
NAME **MORRIS, MEDNICK**
STREET ADDRESS **8201 NW 101 AVE.**
CITY-ST-ZIP **TAMARAC, FL 00000**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

COMMANDER D
NORA GOULD
9201 N.W. 64 ST
TAMARAC FL 33321

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

1ST VICE COMMANDER
EDWARD J. GOULD
9201 N.W. 64 ST
TAMARAC FL 33321

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

FINANCIAL OFFICER
MORRIS MEDNICK
8201 N.W. 101 AVE
TAMARAC FL 33321

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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*****61.25**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Morris Mednick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-96
Date

Daytime Phone #

CR2E037 (12/95)