

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745727 (8)

1. Corporation Name

AMERICAN VETERANS POST #2, AT TAMARAC, INC.

Principal Place of Business

8201 NW 101ST AVENUE
TAMARAC FL 33321

Mailing Address

8201 NW 101ST AVENUE
TAMARAC FL 33321-12323. Date Incorporated or Qualified
01/26/19793a. Date of Last Report
03/29/1996

4. FEI Number

59-1835265

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

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2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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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

61 Name

62 Street Address (P.O. Box Number is Not Acceptable)

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64 City

FL

65 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

TITLE CD ☐ DELETE
NAME GOULD, NORIA
STREET ADDRESS 9201 N W 64 ST
CITY-ST-ZIP TAMARAC FL 33321TITLE VCD ☒ DELETE
NAME GOULD, EDWARD J
STREET ADDRESS 9201 NW 64TH STREET
CITY-ST-ZIP TAMARAC FL 33321 DECEASEDTITLE CD ☐ DELETE
NAME MORRIS, MEDNICK
STREET ADDRESS 8201 NW 101 AVE.
CITY-ST-ZIP TAMARAC FL 33321TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD ☐ Change ☐ Addition
1.2 NAME GOULD NORIA
1.3 STREET ADDRESS 9201 NW 64 ST.
1.4 CITY-ST-ZIP TAMARAC FL 333212.1 TITLE VCD ☒ Change ☐ Addition
2.2 NAME HYMAN SKLAR
2.3 STREET ADDRESS 9351 LIME BAY BOULEVARD
2.4 CITY-ST-ZIP TAMARAC FL 333213.1 TITLE CD ☐ Change ☐ Addition
3.2 NAME MORRIS MEDNICK
3.3 STREET ADDRESS 8201 N.W. 101ST AVE
3.4 CITY-ST-ZIP TAMARAC FL 333214.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED

Morris Mednick-2-13-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0036850

CR2E037 (9/96)