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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745727

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

8116 N.W. 100 TERR. 8116 N.W. 100 TERR.
TAMARAC FL 33321 TAMARAC FL 33321



2. Principal Place of Business

21 ITALIAN AMERICAN CLUB

2a. Mailing Address

26 6843 COMMERCIAL

Date Incorporated or Qualified

01/26/1979

Suite, Apt. #, etc.

22 TAMARAC FL 33321

Suite, Apt. #, etc.

27 TAMARAC FL 33321

City & State

City & State

4. FEI Number

59-1835265

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

Zip

24 33321

Country

25 BROWARD

Zip

29 33321

Country

30 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

MICHAEL LOFORTE

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

8116 N.W. 100 TERR.

83

84

TAMARAC

FL

85 Zip Code

33321

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 Michael Loforte MICHAEL LOFORTE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

JAN 4, 1999

12. OFFICERS AND DIRECTORS

TITLE CD
NAME GOULD, NORIA
STREET ADDRESS 9201 N W 64 ST
CITY-ST-ZIP TAMARAC FL 33321

☐ DELETE

TITLE VCD
NAME CHESLAR, JOHN S
STREET ADDRESS 8741 N.W. 17TH PLACE
CITY-ST-ZIP PLANTATION FL

☐ DELETE

TITLE CD
NAME MORRIS MEDNICK
STREET ADDRESS 8201 NW 101 SE AVE
CITY-ST-ZIP TAMARAC FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FINANCIAL OFFICER
MICHAEL LOFORTE
8116 N.W. 100 TERRACE
TAMARAC, FL 33321-1259

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, with all other like empowered.

SIGNATURE:

Michael Loforte
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 4, 1999 954-7211435
Date Daytime Phone #

CR2E037 (11/98)