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95 APR 21 AM 9:55

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # 748814 (1)

1. Corporation Name
ALLIED VETERANS OF THE WORLD, INC. AND AFFILIATES

Principal Place of Business Mailing Address

**66 BEAL PARKWAY NW
FORT WALTON BEACH FL 32548**

**66 BEAL PARKWAY NW
FORT WALTON BEACH FL 32548**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/06/1979** 3a. Date of Last Report **09/23/1994**

4. FEI Number **59-1951577** 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes 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 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent

**GROSSMAN, HAROLD
304 ANDALUSIA ST. N.E.
FT. WALTON BEACH FL 32548**

10. Name and Address of New Registered Agent **(SAME)**

81 Name **HAROLD GROSSMAN**

82 Street Address (P.O. Box Number is Not Acceptable) **353 KEPNER DR. N.E.**

83

84 City **FORT WALTON BEACH** FL 85 Zip Code **32548**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Harold Grossman* DATE **1-14-95**

(NOTE: Registered Agent signature required when remaining)

12. OFFICERS AND DIRECTORS

TITLE	CTD
NAME	GROSSMAN, HAROLD
STREET ADDRESS	324 ANDALUSIA ST., NE
CITY-ST-ZIP	FT. WALTON BEACH FL
TITLE	TD
NAME	ROBERT, GARY
STREET ADDRESS	940 SANTA ROSA BLVD.
CITY-ST-ZIP	FT. WALTON BCH. FL
TITLE	TD
NAME	TAYLOR, ANDY
STREET ADDRESS	9 JONGUL AVE NW
CITY-ST-ZIP	FT. WALTON BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HAROLD GROSSMAN	
1.3 STREET ADDRESS	353 KEPNER DR. NE	
1.4 CITY-ST-ZIP	FORT WALTON BEACH - FLA 32548	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROBERT GARY	
2.3 STREET ADDRESS	910 SLASH BUNNET	
2.4 CITY-ST-ZIP	FORT WALTON BEACH - FLA 32548	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BLAKE GARY	
3.3 STREET ADDRESS	410 SASH RIVE CT.	
3.4 CITY-ST-ZIP	FORT WALTON BEACH - FLA - 32548	
4.1 TITLE	FRANKLIN L KING - T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	208 CORAL DR.	
4.4 CITY-ST-ZIP	FORT WALTON BEACH - FLA 32548	
5.1 TITLE	TRUSTEE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	TAMARA S. GROSSMAN	
5.3 STREET ADDRESS	353 KEPNER DR. NE	
5.4 CITY-ST-ZIP	FORT WALTON BEACH FLA 32548	
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 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)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Harold Grossman* DATE **1-15-95** (944) 684-5400 or 242-6240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #