

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

FILED
May 01, 1996 08:00 AM
Secretary of State

DOCUMENT # **748814** (1)
1. Corporation Name
ALLIED VETERANS OF THE WORLD, INC: AND AFFILIATES



Principal Place of Business Mailing Address
68 BEAL PARKWAY NW FORT WALTON BEACH FL 32548 **68 BEAL PARKWAY NW FORT WALTON BEACH FL 32548**

3. Date Incorporated or Qualified **09/06/1979** 3a. Date of Last Report **04/21/1995**
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**
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 Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**HAROLD GROSSMAN
352 KEPNER DR NE
FT WALTON BEACH FL 32548**

10. Name and Address of New Registered Agent
81 Name **HAROLD GROSSMAN**
82 Street Address (P.O. Box Number is Not Acceptable) **353 KEPNER DR. N.E.**
83 **FORT WALTON BEACH FL. 32548**
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 *Harold Grossman* DATE **4-3-96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)

12. OFFICERS AND DIRECTORS

TITLE	CTD	<input type="checkbox"/> DELETE
NAME	GROSSMAN, HAROLD	
STREET ADDRESS	353 KAPNER DR NE	
CITY-ST-ZIP	FT WALTON BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ROBERT, GARY	
STREET ADDRESS	940 SANTA ROSA BLVD.	
CITY-ST-ZIP	FT. WALTON BCH. FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, ANDY	
STREET ADDRESS	3 JONQUIL AVE NW	
CITY-ST-ZIP	FT WALTON BCH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KING, FRANKLIN L	
STREET ADDRESS	208 CORAL DR	
CITY-ST-ZIP	FT WALTON BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GROSSMAN, TONYA	
STREET ADDRESS	353 KAPNER DR NE	
CITY-ST-ZIP	FT WALTON BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1.1 TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	XXXXXXXXXXXX TREAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FD LINDA BOWLES	
2.3 STREET ADDRESS	308 Laurel Bay Pky - 27B	
2.4 CITY-ST-ZIP	FORT WALTON BEACH FL. 32548	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JERRY SARGOL	
3.3 STREET ADDRESS	29 WILSON CREEK DR	
3.4 CITY-ST-ZIP	FORT WALTON BEACH FL. 32548	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	XXXXXXXXXXXX	
5.3 STREET ADDRESS	FORT WALTON BEACH FL XXXXXXXX	
5.4 CITY-ST-ZIP	XXXXXXXXXXXX	
6.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	TEDDIE BRADLEY	
6.3 STREET ADDRESS	351 KEPNER DR. N.E.	
6.4 CITY-ST-ZIP	FORT WALTON BEACH FL. 32548	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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: *Harold Grossman* HAROLD GROSSMAN DATE: **4-3-96** Daytime Phone: **243-7240**

CR2E037 (12/95)