

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 68 BEAL PARKWAY NW FORT WALTON BEACH FL 32548	Mailing Address 68 BEAL PARKWAY NW FORT WALTON BEACH FL 32548-4828
---	--

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-1951577	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
3. Date Incorporated or Qualified 09/06/1979		3a. Date of Last Report 05/01/1996	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent HAROLD GROSSMAN 353 KEPNER DR NE FT WALTON BEACH FL 32548		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 *HAROLD GROSSMAN - C-FD* (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSSMAN, HAROLD	1.2 NAME	
STREET ADDRESS	353 KAPNER DR NE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWLES, LINDA ²³⁶	2.2 NAME	
STREET ADDRESS	308 MIRACLE STRIP PKWY 308	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL	2.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, ANDY	3.2 NAME	
STREET ADDRESS	3 JONQUIL AVE NW	3.3 STREET ADDRESS	<i>JOHNNY DUNCAN - T-C</i>
CITY-ST-ZIP	FT WALTON BCH FL	3.4 CITY-ST-ZIP	<i>308 MIRACLE STRIP, PARKWAY 32-B FT WALTON BEACH FL</i>
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, FRANKLIN L	4.2 NAME	
STREET ADDRESS	208 CORAL DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSSMAN, TONYA	5.2 NAME	
STREET ADDRESS	353 KAPNER DR NE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADLEY, TEDDIE	6.2 NAME	
STREET ADDRESS	351 KEPNER DR NW	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL	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.

HAROLD GROSSMAN - HAROLD GROSSMAN - 97 921 112 560

CR2E037 (9/96)