

FILE NOW: FILING FEE IS \$61.25

FILED

May 21 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 09/06/1979	
4. FEI Number 59-1951577	Applied For Not Applicable

21. Principal Place of Business 1302 N. BONCE DE LEON Suite, Apt. #, etc.	22.	2a. Mailing Address 650 W. POPE RD Suite, Apt. #, etc. 245	27.		
23. City & State ST. AUGUSTINE FLORIDA	24. Zip 32084	25. Country U.S.A.	28. City & State ST. AUGUSTINE FL.	29. Zip 32084	30. Country U.S.A.

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" 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 HAROLD GROSSMAN 82 Street Address (P.O. Box Number is Not Acceptable) 650 W. POPE RD APT. 245 83 84 City ST. AUGUSTINE FL 85 Zip Code 32084
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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 CDT Harold Grossman DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and true if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTD GROSSMAN, HAROLD 353 KAPNER DR NE FT WALTON BEACH FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOWLES, LINDA 308 MIRACLE STRIP PKWY, 23B FT WALTON BEACH FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TC DUNCAN, JOHNNY 308 MIRACLE STRIP PKWY FT WALTON BCH FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KING, FRANKLIN L 208 CORAL DR FT WALTON BEACH FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GROSSMAN, TONYA 353 KAPNER DR NE FT WALTON BEACH FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRADLEY, TEDDIE 351 KEPNER DR NW FT WALTON BEACH FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	CDT HAROLD GROSSMAN 650 W. POPE RD. APT. 245 ST. AUGUSTINE FL. 32084
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	JOHNNY DUNCAN-DT JOHNNY DUNCAN 694 PALMIDA DR. ST. AUGUSTINE FL. 32084
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	RONNY BISHOP
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	ST. Norman Hanning Jr. 35 ST. JOHN AVE Niles Office 44446-1953

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.

SIGNATURE: Harold Grossman HAROLD GROSSMAN 904-471-5507

CR2E037 (10/97)