FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 751630

(5)

	LODGE NO. 948, B.P.O. EL	(-)				 	. 			
Principal Place **M*********************************	K M XXXXIIII 72 STREET	Mailing Address XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				011		Diell Uit		
						3. Date incorporated or Qualified 03/20/1980	3a. Date 05	of Last /01/1		
2. Principal Pi	lace of Business	2a. Mailing Address 26				4. FEI Number 59-0753041	-1	_	Applied	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.							Not App Additi	
2		27				5. Certificate of Status Desired			Require	
City & State	е	City & State				6. Election Campaign Financing			0 мау	
Zip	Country	Zip	Countr	y		Trust Fund Contribution 8. This corporation has liability for in:			d to Fee	
4	25	29	30			Florida Statutes	Yes 🔲 No)		
	9. Name and Address of Current	Hegistereo Agent	8.	Na	me	10. Name and Address of New Re	gistered Ag	ent		
MINTON	, JAMES T.									
10301 SW 72 ST.			87	82 Street Address (P.O. Box Number is Not Acceptable)						
MIAMI F	L 33173		83							
			84	City	/		P-1	35 Zip	Code	
11. Pursuant i	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	s, the above	name	d corpora	tion submits this statement for the purpo	FL	no ite n	onietoro	office
Or register	red agent, or both, in the State of Florid th, and accept the obligations of, Section	a. Such change was aumonze	ea ny the car	ooratio	n's board	of directors. I hereby accept the appoir	ntment as reg	istered	agent.	Lam
SIGNATURE										
10	Signature, typed or printed name of registered agent a		it: Registered Age	nt signat	ture required i		DATE			
12. TITLE	OFFICERS AND DIRECTORS TIDELETE			13.		ADDITIONS/CHANGES TO OFFIC				
NAME	CHIKI, ALBERT	€ DELCTE	1.1 TITLE 1.2 NAME		P We	gigel. Gunther	Πı	Change	K) Ad	Idition
STREET ADDRESS	ARROA CILL TANID ATDEET ALLIANT BONG			1.3 STREET ADDRESS 1		eigel, Gunther 3301 S.W. 72nd Str ami, FL 33173	eet,	Sun	set	Dr.
CITY-ST-ZIP	MIAMI FL		14 CITY -		M1	amı, FL 331/3	-			
TITLE	V	K) DELETE	21 THTLE		V			hange	K Ad	dition
NAME	PUCILLO, ROBERT		22 NAME			arles Blanchard	_	_		_
STREET ADORESS	10301 SW 72ND ST. SUNSET	DR.	2 3 STREE	T ADDRE		301 S.W. 72nd Str	eet,	3un/	set	Dr.
CITY-ST-ZIP	MIAMI FL		2 4 CHY-	ST-ZIP	M1	ami, FL 33173				
TITLE	S MINTON, JAMES T.	DELETE	3.1 TITLE					hange	Ad	Idition
NAME STREET ADDRESS	10301 SW 72ND ST. SUNSET	ND D	3 2 NAME							
CITY-ST-ZIP	MIAMI FL	Un.	3 3 STREE		ss					
TITLE	D	DELETE	3.4 CITY - 4.1 TITLE	ST-ZIP				hange	□ Ad	Idition
NAME	HEID, PATRICK J.		4. 2 NAME					nange	□ 70	AHOOH
STREET ADORESS	10301 S.W. 72ND ST. SUNSET	r dr.	4 3 STREE		ss					
CITY - ST - ZIP	MIAMI FL		44 CITY	ST - ZIP						
TITLE	D	DELETE	51 TITLE					hange	☐ Add	dition
NAME	BUTCHER, DELBERT R. J		5 2 NAME							
STREET ADDRESS	10301 S.W. 72ND ST. SUNSET	DR.	5 3 STREE	ADDRES	ss					
CITY-ST-ZIP	MIAMI FL D	Florica	5.4 CITY-	I - ZIP						
IITLE	MURRAY, JAMES W.	DELETE	6 1 TITLE					hange	Add	dition
NAME STREET ADDRESS	10301 SW 72ND ST. SUNSET	NR	6.2 NAME							
CITY-ST-ZIP	MIAMI FL	VII.	6 3 STREE		SS					
4. I do hereb	v certify that the information supplied w	ith this filing is voluntarily furnis	64 CITY -: shed and doe	e nat a	ualif∨ for	the exemption stated in Section 119.07	(3)(k) Florida	Statute	oc furt	her
oath; that	TO CONTRACTOR INCIDENCE OF THIS AND LA	ii report or supplemental annu ation or the receiver or trustee	iai report is tri : emnowered	ie and	accurata	and that my signature shall have the sa report as required by Chapter 617, Florid	ma lagal affa	~* ~~ if .		

SIGNATURE: __

SIGNATURE S. T. MINTON

4/3/96 305.270-8283