FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 23 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 758778 (5)

1. Corporation Name

ANTHONY P. DADDI DISABLED AMERICAN VETERANS, CHAPTER 119, INC.

Principal Place of Business	Mailing Address
4071 NORTHWEST 5TH STREET COCONUT CREEK FL 33066	4071 NORTHWEST 5TH STREET COCONUT CREEK FL 33066

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/15/1981
3a. Date of Last Report: 02/01/1994
4. FEI Number: 59-2598766 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

OREFICE, FRANK J.
4071 NORTHWEST 5TH STREET
COCONUT CREEK FL 33066

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	MS	1.1 TITLE	☐ Change ☐ Addition
NAME	OREFICE, FRANK	1.2 NAME	
STREET ADDRESS	4071 NW 5 ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	EPNER, MILTON	2.2 NAME	
STREET ADDRESS	1820 SW 81ST AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	GREENBERG, IRVING	3.2 NAME	
STREET ADDRESS	5540C LAKEWOOD CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	D ☒ Change ☐ Addition
NAME	GOODMAN, SIMON	4.2 NAME	FELDSTEIN, MARTIN
STREET ADDRESS	7591 NW 1ST STREET	4.3 STREET ADDRESS	7326 FAIRFAX DRIVE
CITY-ST-ZIP	MARGATE FL	4.4 CITY-ST-ZIP	TAMARAC, FL
TITLE	TD	5.1 TITLE	T ☒ Change ☐ Addition
NAME	ROTH, ROBERT	5.2 NAME	ROSEN, ABRAHAM
STREET ADDRESS	9155 FLYNN CIR #2	5.3 STREET ADDRESS	5833 DARAMBOW CIR
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	COCONUT CREEK, FL 33066
TITLE	P	6.1 TITLE	☐ Change ☐ Addition
NAME	RODES, DOUGLAS	6.2 NAME	
STREET ADDRESS	18800 GRABO TR	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	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)(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: Frank J. Orefice FRANK J. OREFICE 2/24/95 305-974-0375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000272