


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 763083 (3)
1. Corporation Name
**1ST LT. MELVIN R. JACKSON JR POST NO. 5693 VETER
ANS OF FOREIGN WARS OF THE UNITED STATES, INC.**



Principal Place of Business 1881 ALI-BABA AVENUE OPA LOCKA FL 33054	Mailing Address 1881 ALI-BABA AVENUE OPA LOCKA FL 33054-2835
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3. Date Incorporated or Qualified 05/03/1982	3a. Date of Last Report 06/10/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 P.O. Box 540973 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country	4. FEI Number 23-7305617 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAYCOCK, OLIVER
15905 BUNCH PARK DR W
OPA-LOCKA FL 33055**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYCOCK, OLIVER	1.2 NAME	Benjamin, Antonio
STREET ADDRESS	15905 BUNCHE PARK DR W	1.3 STREET ADDRESS	16235 N.W. 22nd Ct
CITY-ST-ZIP	OPA LOCKA FL 33054	1.4 CITY-ST-ZIP	Opa Locka, Fla
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRISH, TONY W	2.2 NAME	Thompson, Thomas W.
STREET ADDRESS	1421 N.W. 103RD ST.	2.3 STREET ADDRESS	2000 Service Road
CITY-ST-ZIP	MIAMI FL 33147	2.4 CITY-ST-ZIP	Opa Locka, Fla
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOB, ROBERT J	3.2 NAME	
STREET ADDRESS	2070 WILMINGTON ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	OPALOCKA FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOB, ROBERT J	4.2 NAME	
STREET ADDRESS	2070 WILMINGTON ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	OPALOCKA FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE **Robert Jacob**  DATE **6/11/97**

CR2E037 (9/96)