FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1998 **DOCUMENT #**1. Corporation Name

(6)

FRANK A. PALUMBO POST NO. 10478, VETERANS OF FOR

EIGN WARS OF THE UNITED STATES, INC.						
Principal Place of Business 5360 SW 35TH CT DAVIE FL 33314 US		Mailing Address 5360 SW 35TH CT DAVIE FL 33314 US			3. Date Incorporated or Qualified 05/11/1982 4. FEI Number Applied For	
				i		
						NOT APPLICABLE Not Applicable
2. Principal Place of Business		2a. Mailing Address			5. Certificate of Status Desired Security Securi	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be	
City & State		City & State			Trust Fund Contribution	
23		28			☐ Yes ☐ No	
Zip 24	Country			Country		8. This corporation owes or has paid the current year Intangible
24	9. Name and Address of Currer	[29] nt Registered Agent	30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
				1 Name	16	10, realing and Additions of from Hogisteron Agent
DONATE	DONATO, EDWARD					(0.0.0
	W. 35TH COURT		•	2 Stree	et Addres	ss (P.O. Box Number is Not Acceptable)
DAVIE FL 33314			8	13		
<u> </u>				4 City		p=a 85 Zip Code
			1			
office or agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the obligi- signature, typed or printed name of registered age					ration submits this statement for the purpose of changing its registered n's board of directors. I hereby accept the appointment as registered
12.	OFFICERS AN		13.	gent signatu	beriuper enu	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	T	DELETE	1,1 TITLE		T	Change Addition
NAME	DONATO, EDWARD		1.2 NAM			
STREET ADDRESS	5210 S.W. 35TH CT.		1.3 STRE	ET ADORESS	3	
CITY-ST-ZIP	DAVIE FL		1.4 CITY	-ST-ZIP		
TITLE	P	DELETE		2.1 TITLE		☐ Change ☐ Addition
NAME	HORAI, EDWARD F			22 NAME		
STREET ADDRESS	DAME SI			et address	3	
CITY-ST-ZIP TITLE	V	☐ DELETE	_	2.4 CiTY-ST-ZIP 3.1 TITLE		Change Addition
NAME	ESPOSITO, ANTHONY S	vice it		3.2 NAME		Crasige [2] Addition
STREET ADDRESS	2979 SW 50TH RD			Et address	, [
CITY-ST-ZIP	DAVIE FL			-ST-ZIP		
TITLE	Ť	☐ DELETE	4.1 TITLE		1	Change Addition
HAME	SZCZEPANSKI, KAZIMIERZ J		4.2 NAM	E		
STREET ADDRESS	3121 SW 53RD AVE		4.3 STRE	ET ADDRESS	; [
CITY-ST-ZIP	DAVE FL			-ST-ZIP	_	
TITLE	ATH DECREES ALLOHOUSE	☐ DELETE	1	5.1 TITLE		☐ Change ☐ Addition
NAME CORET ADDRESS	DESMEDT, AUGUSTINE			5.2 NAME		
STREET ADDRESS CITY-ST-ZIP	5284 S.W. 34TH ST. DAVIE FL 33314			ET ADDRESS	' [
TITLE	D DAVIE PL 33314	☐ DELETE	5.4 CITY 5.1 TITLE		+	Chance Addition
NAME	MELIN. JAMES M		6.2 NAME			Change Accided
STREET ADDRESS	2990 S.W. 51ST AVE.			Et adoress	.	

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.

6.3 STREET ADDRESS

SIGNATURE:

4/16/98 Roe 982-1211

FILED

Apr 28 1998 8:00am

Secretary of State