

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 09 1997 8:00am  
Secretary of State

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| <b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # 764914 (8)**

1. Corporation Name  
**FRANK R. OLIVER, JR. CHAPTER 40 DISABLED AMERICAN VETERANS, INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>169 NW 44TH STREET<br/>SUITE 48<br/>FT LAUDERDALE FL 33311-7042<br/>US</b> | Mailing Address<br><b>169 NW 44TH STREET<br/>SUITE 48<br/>FT LAUDERDALE FL 33309-3923<br/>US</b> |
|--|--|



|   |  |
|---|--|
| 2. Principal Place of Business<br><b>21 1105 N.E. 13 ST<br/>Suite, Apt. #, etc.</b> | 2a. Mailing Address<br><b>26 1105 N.E. 13 ST<br/>Suite, Apt. #, etc.</b> |
| <b>22 FT LAUDERDALE FL<br/>City &amp; State</b>                                     | <b>27 FT LAUDERDALE FL<br/>City &amp; State</b>                          |
| <b>23 Zip Country<br/>33304 US</b>  | <b>28 Zip Country<br/>33304 US</b>                                       |

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>09/09/1982</b>  | 3a. Date of Last Report<br><b>07/31/1996</b>           |
| 4. FEI Number<br><b>59-0834113</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

**GEORGE, RICHARD E  
169 NW 44TH STREET  
SUITE 48  
OAKLAND PARK FL 33309**

10. Name and Address of New Registered Agent

|   |                               |
|---|-------------------------------|
| 81 Name   |                               |
| 82 Street Address (P.O. Box Number is Not Acceptable) | <b>1105 N.E. 13 ST</b>        |
| 83 City   | <b>FT LAUDERDALE FL 33304</b> |

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 617.0508, Florida Statutes.

SIGNATURE *Richard E. George* 5/29/97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

|                |                            |  |
|----------------|----------------------------|--|
| TITLE          | PD                         | <input type="checkbox"/> DELETE            |
| NAME           | SACKS, STANLEY S.          |  |
| STREET ADDRESS | 4040 GALT OCEAN DR.        |  |
| CITY-ST-ZIP    | FT. LAUDERDALE FL          |  |
| TITLE          | VD                         | <input type="checkbox"/> DELETE            |
| NAME           | SCHLICHER, JOHN P          |  |
| STREET ADDRESS | 4240 NE 16TH TERRACE       |  |
| CITY-ST-ZIP    | OAKLAND PARK FL            |  |
| TITLE          | VDV                        | <input checked="" type="checkbox"/> DELETE |
| NAME           | CALHOUN, JAMES             |  |
| STREET ADDRESS | 5257 NORTH DIXIE HWY APT 2 |  |
| CITY-ST-ZIP    | OAKLAND PARK FL            |  |
| TITLE          | VDV                        | <input type="checkbox"/> DELETE            |
| NAME           | PERKINS, CHARLES C.        |  |
| STREET ADDRESS | 8241 NW 47 ST              |  |
| CITY-ST-ZIP    | LAUDERHILL FL              |  |
| TITLE          |                            | <input type="checkbox"/> DELETE            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |
| TITLE          | VDV                        | <input type="checkbox"/> DELETE            |
| NAME           | JOHN L. LANEY              |  |
| STREET ADDRESS | 1620 NW 7 TERRACE          |  |
| CITY-ST-ZIP    | FORT LAUDERDALE, FL        |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY-ST-ZIP    |  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | VDV  |
| 3.3 STREET ADDRESS | REKUC WALTER   |
| 3.4 CITY-ST-ZIP    | 5402 RED CYPRESS LN<br>TAMARAC FL 33319                                      |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | VDV  |
| 5.3 STREET ADDRESS | ERICKSSON, JOAN  |
| 5.4 CITY-ST-ZIP    | 281 N.W. 43 ST #3<br>FT LAUDERDALE FL 33309                                  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 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, unchanged, or on an attachment with an address.

SIGNATURE *Richard E. George* 5-29-97 912-711-1000

CR2E037 (9/96)