SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25). FILED NONPROFIT FLORIDA DEPARTMENT OF STATE Jul 22 1998 8:00am \* CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS DOCUMENT # 765281** BEVERLY HILLS, CHAPTER 21, DISABLED AMERICAN VET ERANS, DEPARTMENT OF FLORIDA, INCORPORATED Principal Place of Business Mailing Address 9838 BAYVIEW AVENUE 3. Date Incorporated or Qualified 9838 BAYVIEW AVENUE JACKSONVILLE FL 32208-1547 JACKSONVILLE FL \$2208-1547 10/04/1982 4. FEI Number Applied For 59-6196586 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Sulte, Apt. #, etc. Suite, Apt. #, etc. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 27 22 Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes V No 23 28 Country Country This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No 29 Personal Property Tax due June 30. 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SCHOONOV SHAW, EUGENE 218 KIRK RD JACKSONVILLE FL 32218 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. Zip Code 32208 COMMANDER Schonover OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 TITLE 1.1 TITLE DELETE SHAW, EUGENE 1.2 NAME NAME 218 KIRK RD 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 1.4 CITY-ST-ZIP CITY-\$T-ZIP 2.1 TI TITLE DELETE ROYAL, JACOB 2.2 N NAME 621 BIRD ROAD ET ADDRESS 2.3 8 JACKSONVILLE FL 32218 ST-ZIP 2.40 CITY-ST-ZIP Thurman. C. Dubberly Change Daddition 3.1 TITLE DELETE ipaul, dan 3.2 RT & BOX 9495 TADDRESS STREET ADDRESS 3.3 8 HILL**IAR**O FL T-ZIP CITY-ST-ZIP 4.1 DELETE TITLE Change Addition 4.2 NAME ADDRÉSS 4.3 STREET ADDRESS T-ZIP 4.4 CITY-ST-ZIP 61 DELETE Change TITLE Addition 5.2 NAME ADDRESS STREET ADDRESS T-ZIP CITY-ST-ZIP DELETE 8.1 TITLE L Change Addition 6.2 NAME ADDRESS STREET ADDRESS 8.4

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECT

14. I hereby certify that the information supplied with this filing does not qualify for the exen indicated on this annual report or supplemental annual report is true and accurate and an officer or director of the corporation or the receiver or trustee empowered to execut in Block 12 or Block 13 if changed, or an attachment with an address.

113/98 904-845-4402 Date Dayline Phone N

n stated in section 119.07(3)(i), Florida Statutes. I further certify that the information it my signature shall have the same legal effect as if made under oath; that I am is report as required by Chapter 617, Florida Statutes; and that my name appears

To whom it May concern we are writing you a reason for not getting the coop pagers in on time we have been in the process of charging officer. I have not land a meeting a have haf richness, rough a polosice for their enclosed you will fin the pron proper corporation annual regard of the Check hope this in in onely. Thurman C. Oulle A algutant