FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**		FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILED
Apr 12, 1999 8:00 am
Secretary of State
04-12-1999 90034 006 ****61.25

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DOCUMENT # 766120

1. Corporation Name

FORT LAUDERDALE LODGE NO. 2263 ORDER SONS OF ITL AY IN AMEIRCA, INC.

Principal Place of Business	Mailing Address
3142 N.W. 113TH AVE. SUNRISE FL 33323	3142 N.W. 113TH AVE. SUNRISE FL 33323

2. Principal Place of Business `21`	**2a.** Mailing Address `26`	**3.** Date Incorporated or Qualifed 12/14/1982
Suite, Apt. #, etc. `22`	Suite, Apt. #, etc. `27`	**4.** FEI Number 59-6510843 — Applied For — Not Applicable
City & State `23`	City & State `28`	**5.** Certifcate of Status Desired ☐ — $8.75 Additional Fee Required
Zip `24` — Country `25`	Zip `29` — Country `30`	**6.** Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		**10.** Name and Address of New Registered Agent
BOMPADRE, PEGGY M 3142 N.W. 113TH AVE. SUNRISE FL 33323	`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 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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

CR2E037- (11/98)

12. OFFICERS AND DIRECTORS			**13.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P.	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
NAME	BOMPADRE, PEGGY M			
STREET ADDRESS	3142 N.W. 113TH AVE.			
CITY-ST-ZIP	SUNRISE FL			
TITLE	S	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
NAME	MANCINI, HERMAN SR			
STREET ADDRESS	216 N.W. 42ND TERR.			
CITY-ST-ZIP	PLANATAION FL			
TITLE	T	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
NAME	DE LUCA, VINCENT			
STREET ADDRESS	9293 SHADOW WOOD BLVD.			
CITY-ST-ZIP	CORAL SPRINGS FL			
TITLE	V	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
NAME	PERSICHILLI, CLAIRE			
STREET ADDRESS	9077 N W 25TH CT			
CITY-ST-ZIP	CORAL SPGS FL 33065			
TITLE	T	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
NAME	FLORIO, RALPH			
STREET ADDRESS	2995 MYRTLE OAK CIR			
CITY-ST-ZIP	DAVIE FL 33328			
TITLE	T	☒ DELETE	6.1 TITLE *TRUSTEE* / 6.2 NAME *NANCY CALABRESE* / 6.3 STREET ADDRESS *11605 N.W. 3 RD AVE* / 6.4 CITY-ST-ZIP *CORAL SPRINGS, FL, 33071*	☒ Change ☐ Addition
NAME	NELSON, PAUL H			
STREET ADDRESS	7302 N.W. 65 ST.			
CITY-ST-ZIP	TAMARAC FL			

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, with all other like empowered.

SIGNATURE: _____ 4-6-99 (954-791-5277)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #