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).

NONPROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 766379

(2)

N WARS OF THE UNITED STATES, INC.								
Principal Plac	e of Business	Malling Address			1 1881H 1884 8 8 1H	IB BI100 11114 ISBIE 1811 6191	i qiyil bibit bibil bil	
501 S. FRANC CLEWISTON F	CISCO AVENUE FL 33440	501 S. FRANCISCO A CLEWISTON FL 33440			 Date Incorporated 12/30/1982 FEI Number 59-6162496 	or Qualified		plied For
2. Principal F	Place of Business	2a. Mailing Address 26	****		5. Certificate of State	us Desired	\$8.75 A	dditional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			Election Campalg Trust Fund Contri		\$5.00 M Added to	
City & Sta	te	City & State			7. Is this nonprofit of	orporation a homeow Yes		7
Zip	Country 25	Zip 29	Country 30		8. This corporation of	owes or has paid the Tax due June 30.		ngible .
	9. Name and Address of Curren		1301		10. Name and Addre			1110
	- Traine and Address of Callett	r (cahistelen vilalit	81	Name	IV. Hallie allo Audie	sa oi nam Kahistali	eu Agent	
			"	10ToH	IN W. K	HOADS		
Marrs, R			82	Street Address	(P.O. Box Number is	Not Acceptable)		
1024 N.E.	27TH STREET			71	(P.O. Box Number is BOWDE	N KD		
BELLE GL	ADE FL 33430		63					
			84	City CLE	WISTON	F	L 85 330	สนก
11. Pursuant i	to the provisions of sections 617.0502	and 617.1508, Florida Statu	ites, the above-na					tered
	salalarad agant or both in the Ctate o						aintmant ac ragic	ا دـــه
enent le	m familiar with and according the religion	i Florida. Such change was lone of section 617 0503.	s Butnorized by th Florida Statutae	e corporation's I	poard of directors. I he	areby accept the appr	nithitotir as tafis	tereo
	to the provisions of sections 617.0502 and sections 617.0502 and sections are state of the provision of the	ons of, section 617.0503, I	s authorized by th Florida Statutes.	e corporation's I	poard of directors. I he	areby accept the appt	anthirent as regis	stereo
agent. I a	/ boller to	_1						stereo
SIGNATURE	Security, bood or printed name of agistal at agent	and the if applicable.	(NOTE: Registered Agr		when reinstating)	DATE		
	OFFICERS AN	D DIRECTORS	(NOTE: Registered Agr	ent signature required	when reinstating) ADDITIONS/CHAN		AND DIRECTOR	RS IN 12
SIGNATURE 12. TITLE	OFFICERS AN	and the if applicable.	(NOTE: Registered Agr 13. 1.1 TITLE	ent signature required	when releatating) ADDITIONS/CHAN	DAYE GES TO OFFICERS		
SIGNATURE 12. TITLE NAME	OFFICERS AN SLOAN, DONALD	D DIRECTORS	(NOTE: Registered Age 13. 1.1 TITLE 1.2 NAME	ent signature required	when releatating) ADDITIONS/CHAN	DAYE GES TO OFFICERS	AND DIRECTOR	RS IN 12
12. TITLE NAME STREET ADDRESS	OFFICERS AN SLOAN, DONALD 1051 STATE ROAD 832 LOT 7	D DIRECTORS	(NOTE: Registered Ag. 13. 1.1 TITLE 1.2 NAME 1.3 STREET	ent signature required	ADDITIONS/CHAN	GES TO OFFICERS	AND DIRECTOR Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN OFFICERS AND OFF	D DIRECTORS DELETE	(NOTE: Registered Ag. 13. 1.1 TITLE 1.2 NAME 1.3 STREET/ 1.4 CITY-ST-	ent signature required	when releatating) ADDITIONS/CHAN	GES TO OFFICERS	AND DIRECTOR Change	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN COD SLOAN, DONALD 1051 STATE ROAD 832 LOT 7 CLEWSTON FL 33440 VD	D DIRECTORS	(NOTE: Registered Age 13	ADDRESS ZIP	when reinstating) ADDITIONS/CHAN N. RHO B. BOWDEL WISTON	GES TO OFFICERS ADS NRD L 3344	AND DIRECTOR Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN OFFICERS AN OFFICERS AN SLOAN, DONALD 1051 STATE ROAD 832 LOT 7 CLEWSTON FL 33440 VD PEARCEY, CHARLES	D DIRECTORS DELETE	(NOTE: Registered Agr 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST- 2.1 TITLE 2.2 NAME	ADDRESS ZIP	when reinstating) ADDITIONS/CHAN N. RHO BROWDEL WISTON RANGE	GES TO OFFICERS ADS N RD L 33440	AND DIRECTOR Change	RS IN 12 Addition
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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 chapter, or on an attachment with an address. SIGNATURE:

FILED

Aug 26 1998 8:00am

Secretary of State