


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 03 1998 8:00am**  
**Secretary of State**

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 767842 (8)**  
 1. Corporation Name  
**ARMY COUNTER INTELLIGENCE CORPS VETERANS, INC.**



Principal Place of Business <b>C/O WILLIAM L. BURMESTER</b> <b>652 DORAL LANE, SUNTREE</b> <b>MELBOURNE FL 32940</b>	Mailing Address <b>C/O WILLIAM L. BURMESTER</b> <b>652 DORAL LANE, SUNTREE</b> <b>MELBOURNE FL 32940</b>
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<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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<b>3. Date Incorporated or Qualified</b> <b>04/06/1983</b>	
<b>4. FEI Number</b> <b>59-2285420</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>7. Is this nonprofit corporation a homeowners association?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b> <b>BURMESTER, WILLIAM L.</b> <b>652 DORAL LANE, SUNTREE</b> <b>MELBOURNE FL 32940</b>
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<b>10. Name and Address of New Registered Agent</b> <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GELETA, LEO 6916 NORMAN AVENUE BALTIMORE MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARNOLD, MARGE 9916 RAIN TREE DRIVE SUN CITY AZ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAUFMAN, ULRICK 861 RIDGE LAKE DR MELBOURNE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURMESTER, JOSEPHINE 652 DORAL LANE MELBOURNE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GROHGAN, FRED 348 CULPEPPER ST. WARRENTON VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, MERRILL 817 EDEN CT ALEXANDRIA VA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D Fukuhara, Harry 6508 Timberview Dr. San Jose, CA 95120
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D Seely, Isabella 6321 Puma PI NE Albuquerque, NM 87111
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D Moser, Frank 33 Valerton CT. San Francisco, CA 94112
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D Fox, Don H. 545 Spring Valley Dr. Melbourne, FL 32940
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	T/D GROHGAN
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D Nix, James H. 4601 Newcomb Pl. Alexandria, VA 22304

**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.**

**SIGNATURE:**

*Handwritten Signature*  
**NOT REQUIRED**

**13 JAN 98 (407) 259-6610**

CR2E037 (10/97)