


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18, 1999 8:00am  
Secretary of State

02-18-1999 90010 031 \*\*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 768501

1. Corporation Name  
LODGE 2524 CORP.

Principal Place of Business  
P.O. BOX 29 -1525ET  
PORT ORANGE FL 32129

Mailing Address  
1203 WAYNE AVENUE  
NEW SMYRNA BEACH FL 32168



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/18/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		05-9146696	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution	
24		25		29	
30		31		32	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TROPEA, PATRICK 3255 SOUTH ATLANTIC DAYTONA BEACH FL 32127				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 *Patrick Tropea* PATRICK TROPEA 1-22-99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TROPEA, PATRICK			1.2 NAME			
STREET ADDRESS	3255 SOUTH ATLANTIC			1.3 STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL 32127			1.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CATALANO, JANET L.			2.2 NAME			
STREET ADDRESS	1203 WAYNE AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	NEW SMYRNA BCH FL			2.4 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CATALANO, VINCENT			3.2 NAME			
STREET ADDRESS	1203 WAYNE AVE.			3.3 STREET ADDRESS			
CITY-ST-ZIP	NEW SMYRNA BCH. FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CIRONE, JOSEPH			4.2 NAME			
STREET ADDRESS	746 ROLLING HILLS DR			4.3 STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL 32119			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TROPEA, YOLANDA			5.2 NAME			
STREET ADDRESS	3255 S. ATLANTIC			5.3 STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BCH FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FIOR, FRANK			6.2 NAME			
STREET ADDRESS	2519 MILTON			6.3 STREET ADDRESS			
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168			6.4 CITY-ST-ZIP			

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: *P. Catalano* P. CATALANO 1-22-99 904-423-7548  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)