


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  
 Jul 23 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 769116 (5)**  
 1. Corporation Name  
**THE NAPOLEONIC SOCIETY OF AMERICA, INC.**



Principal Place of Business 1115 PONCE DE LEON BLVD. CLEARWATER FL <del>34616</del> <b>33756</b>	Mailing Address 1115 PONCE DE LEON BLVD. CLEARWATER FL <del>34616</del> <b>33756</b>
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3. Date Incorporated or Qualified <b>06/27/1983</b>		
4. FEI Number <b>59-2323495</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip <b>33756</b> 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip <b>33756</b> 29 Country
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9. Name and Address of Current Registered Agent <b>SNIBBE, ROBERT M</b> 1115 PONCE DE LEON BLVD. CLEARWATER FL <del>34616</del> <b>33756</b>	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 Zip Code <b>FL</b>
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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 for 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 617.03, Florida Statutes.  
 SIGNATURE: *Robert M. Snibbe* **ROBERT M. SNIBBE**  
Signature, typed or printed name of registered agent, if applicable. (Not for Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ETLING, WALTER</b> <b>662 NE 105TH ST.</b> <b>MIAMI SHORES FL 33138</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ETLING, RUSSELL</b> <b>3621 VISCAYA CT.</b> <b>CORAL GABLES FL 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MORAT, WILLIAM</b> <b>2808 MALLARD AVE.</b> <b>GERMANTOWN TN 38138</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SNIBBE, ROBERT M</b> <b>1115 PONCE DE LEON BLVD.</b> <b>CLEARWATER FL 34616</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SISKA, MICHAEL</b> <b>2857 FAIRWAY FOREST DR.</b> <b>SALEM VA 24153</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EV</b> <b>TINLIN, RONALD G</b> <b>2077 N. COLLINS BLVD.</b> <b>RICHARDSON TX 75080</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Robert M. Snibbe</i>
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Robert M. Snibbe* **7/16** **813 586-1779**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)