

FILED
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Secretary of State

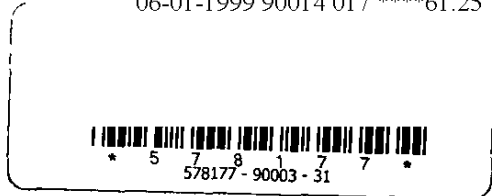
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 769116

1. Corporation Name
THE NAPOLEONIC SOCIETY OF AMERICA, INC.

Principal Place of Business 1115 PONCE DE LEON BLVD. CLEARWATER FL 33756 US	Mailing Address 1115 PONCE DE LEON BLVD. CLEARWATER FL 33756 US
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2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified 06/27/1983
21. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	4. FEI Number 59-2323495
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent SNIBBE, ROBERT M 1115 PONCE DE LEON BLVD. CLEARWATER FL 33756	10. Name and Address of New Registered Agent
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83. City	84. City
85. Zip Code	FL

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, Sections 617.0503, Florida Statutes.

SIGNATURE: *Robert M Snibbe* DATE: *6/4/99*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME ETLING, WALTER	1.1 TITLE 3	1.2 NAME CHARLES R. OSINSKI
STREET ADDRESS 682 NE 105TH ST.	CITY-ST-ZIP MIAMI SHORES FL 33138	1.3 STREET ADDRESS 740 HAMILTON MALL	1.4 CITY-ST-ZIP ALLENTOWN, PA 18101
TITLE D	NAME ETLING, RUSSELL	2.1 TITLE 3	2.2 NAME DOUGLAS ALLAN
STREET ADDRESS 3621 VISCAYA CT.	CITY-ST-ZIP CORAL GABLES FL 33134	2.3 STREET ADDRESS ARCHIBALD ALLAN & ASSOC	2.4 CITY-ST-ZIP 60 DORTLAND RD. W. CONSHOHOCKEN, PA 19426
TITLE Director	NAME MORAT, WILLIAM	3.1 TITLE	3.2 NAME
STREET ADDRESS 2898 MALLARD AVE.	CITY-ST-ZIP GERMANTOWN TN 38138	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE President	NAME SNIBBE, ROBERT M	4.1 TITLE	4.2 NAME
STREET ADDRESS 1115 PONCE DE LEON BLVD.	CITY-ST-ZIP CLEARWATER FL 34616	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE Director	NAME SISKA, MICHAEL	5.1 TITLE	5.2 NAME
STREET ADDRESS 2857 FAIRWAY FOREST DR.	CITY-ST-ZIP SALEM VA 24153	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE EVP Executive VP.	NAME TINJUN, RONALD G	6.1 TITLE	6.2 NAME
STREET ADDRESS 2077 N. COLLINS BLVD.	CITY-ST-ZIP RICHARDSON TX 75080	6.3 STREET ADDRESS	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 the like empowered.

SIGNATURE: *X S. M. Snibbe* DATE: *6/4/99* DAYPHONE: *727-586-7719*

CR2E037 (11/98)