FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F49522 (8)

1. Corporation Name
AMVETS POST #4, INC.

Principal Place of Business
1014 SKIPPER ROAD
TAMPA FL 33613

Mailing Address
1014 SKIPPER ROAD
TAMPA FL 33613

3. Date Incorporated or Qualified: 10/13/1981
3a. Date of Last Report: 03/03/1995
4. FEI Number: 51-0251686 — Applied For / Not Applicable
5. Certificate of Status Desired [x] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [x] Yes [ ] No

2. Principal Place of Business: 21 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___
2a. Mailing Address: 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

9. Name and Address of Current Registered Agent

BRAND, FERTIE A.
6213 TRAVIS BLVD.
TAMPA FL 33610

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE FERTIE A. BRAND [signature] Fertie A. Brand
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	COM	[x] DELETE	1.1 TITLE	COMMANDER [ ] Change [x] Addition
NAME	THOMPSON, FRANK		1.2 NAME	Bevins, Arthur
STREET ADDRESS	912 MONTANA AVE.		1.3 STREET ADDRESS	17119 Rich-Jo Cir
CITY-ST-ZIP	LUTZ FL		1.4 CITY-ST-ZIP	Lutz, FL 33549
TITLE	FO	[ ] DELETE	2.1 TITLE	[ ] Change [ ] Addition
NAME	BRAND, FERTIE A		2.2 NAME	
STREET ADDRESS	6213 TRAVIS BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	
TITLE	VC	[ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME	VOVCE, CLYDE		3.2 NAME	
STREET ADDRESS	1386 FOUR SEASONS BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMLPA FL		3.4 CITY-ST-ZIP	
TITLE	T	[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME	ENGLEHARDT, THOMAS		4.2 NAME	
STREET ADDRESS	18810 WALKER RD		4.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL		4.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: FERTIE BRAND [signature] Fertie A. Brand — 1-16-96 — (813)974-6614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)