FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 AM 9:10

DOCUMENT # F93000000896 (1)

1. Corporation Name
USS NEW JERSEY VETERANS, INC.

Principal Place of Business	Mailing Address
281 AUTUMN TRAIL PORT ORANGE FL 32127	281 AUTUMN TRAIL PORT ORANGE FL 32127

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/04/1993
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-3162426 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 32119 / Country 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Limited Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FOGELSON, EDWIN M 281 AUTUMN TRAIL PORT ORANGE FL 32119	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 Edwin M. Fogelson Jan 13, 1995
Signature, typed or printed name of registered agent and title if applicable — (DATE: Registered Agent signature required when changing) — (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS	
TITLE	DC	11 TITLE	☐ Change ☐ Addition
NAME	BROWN, RUSSELL	12 NAME	
STREET ADDRESS	1414 S. WESTERN AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	CHAMPAIGN IL 61821	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	ELWOOD, GEORGE H	22 NAME	
STREET ADDRESS	10 WEST MAIN ST.	23 STREET ADDRESS	
CITY-ST-ZIP	HANCOCK NY 13783	24 CITY ST ZIP	
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	MARTIN, JAMES C	32 NAME	
STREET ADDRESS	501-F WATERS EDGE DR.	33 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT NEWS VA 23606	34 CITY ST ZIP	
TITLE	ST	41 TITLE	☐ Change ☐ Addition
NAME	FOGELSON, EDWIN M	42 NAME	
STREET ADDRESS	281 AUTUMN TRAIL	43 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32119	44 CITY ST ZIP	
TITLE	D	51 TITLE	☑ Change ☐ Addition
NAME	O'NEILL, FRANK L	52 NAME	LEONARD, ONEIL F.
STREET ADDRESS	7723 LEGION RD HWY	53 STREET ADDRESS	
CITY-ST-ZIP	VENTRESS LA	54 CITY ST ZIP	
TITLE	VP	61 TITLE	☐ Change ☐ Addition
NAME	SCHATZMAN, JAMES	62 NAME	
STREET ADDRESS	201 SUNRAY BEACH RD	63 STREET ADDRESS	
CITY-ST-ZIP	DEL HAVEN, N.J. 08251	64 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)(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: Edwin M. Fogelson Jan 13, 1995 904-788-1459
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0023880