

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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 32119  
US

3. Date Incorporated or Qualified  
03/04/1993

3a. Date of Last Report  
01/18/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3162426		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	Country
24		29		30			

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 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

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	DC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, RUSSELL	1.2 NAME	
STREET ADDRESS	1414 S. WESTERN AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHAMPAIGN IL 61821	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELWOOD, GEORGE H	2.2 NAME	
STREET ADDRESS	10 WEST MAIN ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HANCOCK NY 13783	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, JAMES C	3.2 NAME	
STREET ADDRESS	501-F WATERS EDGE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT NEWS VA 23606	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOGELSON, EDWIN M	4.2 NAME	
STREET ADDRESS	281 AUTUMN TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32119	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONARD, ONEIL F	5.2 NAME	
STREET ADDRESS	7723 LEGION RD HWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	VENTRESS LA	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHATZMAN, JAMES	6.2 NAME	
STREET ADDRESS	201 SUNRAY BEACH RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	DEL HAVEN NJ	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 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)