

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**NON PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

FILED
May 16 1997 8:00am
Secretary of State

DOCUMENT # F93000000896
1. Corporation Name
USS NEW JERSEY VETERANS, INC.

Principal Place of Business Mailing Address
**281 AUTUMN TRAIL
PORT ORANGE, FL 32119-7802**

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

3. Date Incorporated or Qualified 3/4/93 3a. Date of First Report
4. FEI Number 16-1259166 Applied for Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
**EDWIN M. FOGELSON
281 AUTUMN TRAIL
PORT ORANGE, FL 32119-7802**

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 607.0302 and 607.1509, 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 obligation of, Section 607.0305, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. (DO NOT Registered Agent signature required when mandating) DATE

12. OFFICERS AND DIRECTORS
11 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP
12 TITLE ☐ DELETE
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13 TITLE ☐ DELETE
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100 TITLE ☐ DELETE
NAME
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CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE CHAIRMAN/DIRECTOR ☒ Change ☐ Addition
12 NAME JAMES C. MARTIN
13 STREET ADDRESS 501-F WATERS EDGE DR.
14 CITY- ST- ZIP NEWPORT NEWS, VA 23606
21 TITLE PRESIDENT/DIRECTOR ☐ Change ☒ Addition
22 NAME RICHARD ESSER
23 STREET ADDRESS 3930 MEISTER RD
24 CITY- ST- ZIP LORAIN, OH 44053
31 TITLE VICE-PRESIDENT/DIRECTOR ☐ Change ☒ Addition
32 NAME LAWRENCE KALAKAUSKIS
33 STREET ADDRESS 6160 ROBERTS DR.
34 CITY- ST- ZIP SAN DIEGO, CA 92139
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP
61 TITLE ☐ Change ☒ Addition
62 NAME
63 STREET ADDRESS
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92 CITY- ST- ZIP
93 TITLE ☐ Change ☐ Addition
94 NAME
95 STREET ADDRESS
96 CITY- ST- ZIP
97 TITLE ☐ Change ☐ Addition
98 NAME
99 STREET ADDRESS
100 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Edwin Fogelson* 904-788-1459
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OF FIC OR DIRECTOR

CR2E034 (9/96)