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NONPROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # F97000004721 (3)

1. Corporation Name

DISABLED VETERANS ASSOCIATIONS, INC.

Principal Place of Business

Mailing Address

14701 DETROIT RD., #369
LAKEWOOD OH 44107

14701 DETROIT RD., #369
LAKEWOOD OH 44107

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

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25

29

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9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

61 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

6. Election Campaign Financing

Trust Fund Contribution

7. Is this nonprofit corporation a homeowners association?

□ Yes □ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. □ Yes □ No

10. Name and Address of New Registered Agent

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 NAME STREET ADDRESS CITY-ST-ZIP	POC COLEY, MICHAEL 14701 DETROIT RD., #369 LAKEWOOD OH 44107	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D MICHEL MAHONEY 14701 DETROIT RD #369 LAKEWOOD OH 44107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VLAK-COLEY, ALEXANDRA 14701 DETROIT RD., #369 LAKEWOOD OH 44107	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D ROBERT VICKERTS 14701 DETROIT RD #369 LAKEWOOD OH 44107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCAMMON, STEVEN 14701 DETROIT RD., #369 LAKEWOOD OH 44107	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	□ Change □ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MISCH, NORMAN 14701 DETROIT RD., #369 LAKEWOOD OH 44107	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	□ Change □ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	□ Change □ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	□ Change □ Addition

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

SIGNATURE:

Michael Coley MICHAEL COLEY 4/30/98 216-3175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0077922

CR2E037 (10/97)