


5-18-98 6 71600-0
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FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F97000004721 (3) 1. Corporation Name DISABLED VETERANS ASSOCIATIONS, INC.		

Principal Place of Business 14701 DETROIT RD., #369 LAKEWOOD OH 44107	Mailing Address 14701 DETROIT RD., #369 LAKEWOOD OH 44107
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	
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3. Date Incorporated or Qualified 09/10/1997	
4. FEI Number 34-1839272	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PDC <input type="checkbox"/> DELETE
NAME	COLEY, MICHAEL
STREET ADDRESS	14701 DETROIT RD., #369
CITY-ST-ZIP	LAKEWOOD OH 44107
TITLE	S <input type="checkbox"/> DELETE
NAME	VLAK-COLEY, ALEXANDRA
STREET ADDRESS	14701 DETROIT RD., #369
CITY-ST-ZIP	LAKEWOOD OH 44107
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MCCAMMON, STEVEN
STREET ADDRESS	14701 DETROIT RD., #369
CITY-ST-ZIP	LAKEWOOD OH 44107
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MISCH, NORMAN
STREET ADDRESS	14701 DETROIT RD., #369
CITY-ST-ZIP	LAKEWOOD OH 44107
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D MIKEL MAHONEY
1.3 STREET ADDRESS	14701 DETROIT RD #369
1.4 CITY-ST-ZIP	LAKEWOOD OH 44107
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D ROBERT VICKERTS
2.3 STREET ADDRESS	14701 DETROIT RD #369
2.4 CITY-ST-ZIP	LAKEWOOD OH 44107
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 4/30/98 228-3175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0077922

CR2E037 (10/97)