

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90076 048 ****61.25

0022718

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17167

1. Corporation Name

SULLIVAN-BABCOCK POST 32, INC. THE AMERICAN LEGI
ON DEPARTMENT OF FLORIDA

Principal Place of Business

1697 PALM AVENUE
HIALEAH FL 33010-3033

Mailing Address

1697 PALM AVENUE
HIALEAH FL 33010-3033



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

10/07/1986

4. FEI Number

59-0688816

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

9. Name and Address of Current Registered Agent

DRUHAN, EUGENE R.
1697 PALM AVENUE
HIALEAH FL 33010

10. Name and Address of New Registered Agent

81 Name

CRAIG M. WOLF

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

1697 PALM AVE

83

84 City

HIALEAH

FL

85 Zip Code

33010

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.

COMMANDER

(NOTE: Registered Agent signature required when reinstating)

DATE

JAN 14, 1999

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SHETTS, LARRY
STREET ADDRESS 8950 NE 8TH AVE #204
CITY-ST-ZIP MIAMI FL

TITLE T ☒ DELETE

NAME MAGNOLE, FRED
STREET ADDRESS 8450 NW 190 TERR
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME WOLF, CRAIG
STREET ADDRESS 1697 PALM AVE
CITY-ST-ZIP HIALEAH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

NAME TR RICHARD J. CARRIMAN
STREET ADDRESS 1697 PALM AVE
CITY-ST-ZIP HIALEAH, FLA. 33010

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

CRAIG M. WOLF
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 14, 1999 (305) 887-8937
Date Daytime Phone #

CR2E037 (11/98)