FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 23 PM 1:08

DOCUMENT # N17800 (6)

1. Corporation Name

D.A.V. CHAPTER 134, INC.

Principal Place of Business	Mailing Address
920 S. HIGHLAND MOUNT DORA FL 32757	920 S. HIGHLAND MOUNT DORA FL 32757

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/01/1986
3a. Date of Last Report: 02/25/1994
4. FEI Number: 59-2888579 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHWARTZ, PHILIP G. 920 SOUTH HIGHLANDS ST MT. DORA FL 32757	01 Name: PHILIP G. SCHWARTZ 02 Street Address (P.O. Box Number is Not Acceptable): 920 S. HIGHLANDS ST 03 04 City: MT. DORA FL 85 Zip Code: 32757

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	SCHWARTZ, PHILIP G.	1.2 NAME	
STREET ADDRESS	04059-60 PICCIOLA RD.	1.3 STREET ADDRESS	TED Schwartzhoff Sr. 1309 E. 5th Ave
CITY-ST-ZIP	FRUITLAND PARK FL 34731	1.4 CITY-ST-ZIP	MT. DORA, FL 32757
TITLE	VD	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	SCHWARTZHOFF, TED SR.	2.2 NAME	STERLING CLARK JR
STREET ADDRESS	1309 E. 5TH AVE.	2.3 STREET ADDRESS	128 CASSADY ST
CITY-ST-ZIP	MOUNT DORA FL 32757	2.4 CITY-ST-ZIP	UMATILLA, FL
TITLE	TD	3.1 TITLE	TD ☐ Change ☐ Addition
NAME	STEIGER, HARRY	3.2 NAME	HARRY STEIGER
STREET ADDRESS	227 PARDISE SOUTH	3.3 STREET ADDRESS	227 PARDISE South
CITY-ST-ZIP	LEESBURG FL	3.4 CITY-ST-ZIP	LEESBURG, FL 34788
TITLE		4.1 TITLE	S ☐ Change ☒ Addition
NAME		4.2 NAME	PHILIP G. SCHWARTZ
STREET ADDRESS		4.3 STREET ADDRESS	839 LOCK RD
CITY-ST-ZIP		4.4 CITY-ST-ZIP	LEESBURG, FL 34788
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Philip G. Schwartz SECRETARY 5-19-95 904-787-3764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031P02