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Feb 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
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DOCUMENT # N18569 (6)
1. Corporation Name
NATIONAL ORDER OF TRENCH RATS, INC.



Principal Place of Business 5425 39 ST E BRADENTON FL 34203 US	Mailing Address P.O. BOX 20538 BRADENTON FL 34203 US
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3. Date Incorporated or Qualified 01/02/1987	
4. FEI Number 65-0003196	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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	

9. Name and Address of Current Registered Agent
**ENGWILLER, JOHN D.
6539 MAGELLAN CT #105
SARASOTA FL 34243**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 *John D. Engwiller Sec.* DATE **2-6-98**

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORGAN, JAMES J.	
STREET ADDRESS	1366 CLERMONT	
CITY - ST - ZIP	DENVER CO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DILAURENZIO, JOHN J.	
STREET ADDRESS	P.O. BOX 88 N/A	
CITY - ST - ZIP	NAUGATUCK, CT	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HENDERSON, LEE A.	
STREET ADDRESS	4410 SW 73 TERR	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FOLLIS, JACK E.	
STREET ADDRESS	7830 S SHORE DR	
CITY - ST - ZIP	CHICAGO IL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HEWETT, COLEMAN J.	
STREET ADDRESS	2685 NEW CLINTON RD	
CITY - ST - ZIP	MACON GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BALCOM, ERNEST	
1.3 STREET ADDRESS	575 COUNTRY ROAD # 489	
1.4 CITY - ST - ZIP	LAKE PANASOFFKEE, FL 33538	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BAILEY, PAUL	
3.3 STREET ADDRESS	324 RUTTER AVE	
3.4 CITY - ST - ZIP	KINGSTON, PA 18704	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GUIGELAAR, CURTIS	
4.3 STREET ADDRESS	100 NORTHLAND DRIVE	
4.4 CITY - ST - ZIP	SAND LAKE, MI 49343	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VIGIL SAM	
5.3 STREET ADDRESS	13561 VALLEJO STREET	
5.4 CITY - ST - ZIP	WESTMINSTER, CO 80234	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	REED, VINCENT	
6.3 STREET ADDRESS	6 ELMWOOD ROAD	
6.4 CITY - ST - ZIP	LYNNFIELD, MA 01940	

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: *X* **ERNEST G. BALCOM** *Ernest G Balcom 2/6/98*

CP2E037 (10/97)