


FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N23106** (0)

1. Corporation Name

**WILEY WRIGHT MILITARY LODGE NO. 705, P.H.A. MASO  
NS, INC.**

Principal Place of Business

Mailing Address

**18474 SW 87 COURT  
MIAMI FL 33157**

**18474 SW 87 COURT  
MIAMI FL 33157-7226**



3. Date Incorporated or Qualified <b>10/21/1987</b>	3a. Date of Last Report <b>04/29/1996</b>
4. FEI Number <b>65-0204764</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JAY B. GRANT  
18474 SW 87 CT.  
MIAMI FL 33157**

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

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	PD	<input type="checkbox"/> DELETE
NAME	JAY B. GRANT	
STREET ADDRESS	18474 SW 87 CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE	FVD	<input type="checkbox"/> DELETE
NAME	LAZIER, THEODORE	
STREET ADDRESS	25856 SW 132 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, TALYIA	
STREET ADDRESS	11961 S.W. 200 ST.	
CITY-ST-ZIP	MIAMI, FL, FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROBINSON, KATDO	
STREET ADDRESS	1331 B S FRANKLIN AVENUE	
CITY-ST-ZIP	HOMESTEADH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BRYANT, FREDERICK L	
STREET ADDRESS	27841 SW 132 COURT	
CITY-ST-ZIP	NARANJA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SHERBERT WILLIAMS	
STREET ADDRESS	26623 SW 122 PL	
CITY-ST-ZIP	MIAMI FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<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 do 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: *Jay B. Grant* **JAY B. GRANT** 25 April 97 305 251-9398

CP2E037 (9/96)