

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # N25433 (6)
1. Corporation Name
NAVY SEA BEE VETERANS ISLAND X12, INC.



Principal Place of Business C/O LOUIS URSILLO 7824 MANFIELD HOLLOW RD. DELRAY BEACH FL 33446	Mailing Address C/O LOUIS URSILLO 7824 MANFIELD HOLLOW RD. DELRAY BEACH FL 33446-3317
---	--

3. Date Incorporated or Qualified 03/16/1988	3a. Date of Last Report 02/22/1996
--	--

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

4. FEI Number 36-3382061	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**URSILLO, LOUIS
7824 MANSFIELD HOLLOW RD.
DELRAY BEACH FL 33446**

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 *Louis Ursillo* **LOUIS URSILLO** 1/20/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME NIXON, ROBERT	<input checked="" type="checkbox"/>
STREET ADDRESS 4424 MELALUCA TRAIL	
CITY-ST-ZIP WEST PALM BEACH FL	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME LIBERTY, BERNARD	<input checked="" type="checkbox"/>
STREET ADDRESS 184 VALENCIA H	
CITY-ST-ZIP DELRAY BEACH FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME EDWARDS, WILLIAM	<input checked="" type="checkbox"/>
STREET ADDRESS 5800 N DIXIE HWY 1907	
CITY-ST-ZIP WEST PALM BEACH FL 33407	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME REID, LEON	<input checked="" type="checkbox"/>
STREET ADDRESS 2336 CYPRESS RD.	
CITY-ST-ZIP W. PALM BCH. FL	
TITLE TD	<input type="checkbox"/> DELETE
NAME URSILLO, LOUIS	<input type="checkbox"/>
STREET ADDRESS 7824 MANSFIELD HOLLOW RD	
CITY-ST-ZIP DELRAY BEACH FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME KIRKPATRICK, JEFFERSON	<input checked="" type="checkbox"/>
STREET ADDRESS 121 ELWA PLACE	
CITY-ST-ZIP WEST PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE COMMANDER PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME LIBERTY, BERNARD	
1.3 STREET ADDRESS 184 VALENCIA H	
1.4 CITY-ST-ZIP DELRAY BEACH, FL 3446	
2.1 TITLE 1st VICE-COMMANDER VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME MARTINELLI, HAROLD	
2.3 STREET ADDRESS 1507 SW 21st STREET	
2.4 CITY-ST-ZIP BOYNTON BEACH, FL 33426	
3.1 TITLE 2nd VICE-COMMANDER VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME ROSENFELD, MATTHEW	
3.3 STREET ADDRESS 400 SAXONY I	
3.4 CITY-ST-ZIP DELRAY BEACH, FL 33446	
4.1 TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME EDWARDS, WILLIAM TD	
4.3 STREET ADDRESS 5600 POIVETTIA #1907	
4.4 CITY-ST-ZIP WEST PALM BEACH, FL 33407	
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 DIRECTOR TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME CASE, BERNARD	
6.3 STREET ADDRESS 2850 S OCEAN BLVD	
6.4 CITY-ST-ZIP PALM BEACH, FL 33480	

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.

CR2E037 (9/96)