

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 29 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 # 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
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3. Date Incorporated or Qualified
03/16/1988

4. FEI Number 36-3382061	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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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
Zip 29	Country 30

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIBERTY, BERNARD	1.2 NAME	
STREET ADDRESS	184 VALENCIA H	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINELLI, HAROLD	2.2 NAME	
STREET ADDRESS	1507 SW 21ST ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENFELD, MATTHEW	3.2 NAME	
STREET ADDRESS	400 SAXONY I	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, WILLIAM	4.2 NAME	
STREET ADDRESS	5600 POINETTA #1907	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH FL	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URSILLO, LOUIS	5.2 NAME	
STREET ADDRESS	7824 MANSFIELD HOLLOW RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASE, BERNARD	6.2 NAME	
STREET ADDRESS	2850 S OCEAN BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH FL	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.

SIGNATURE: Louis Ursillo SIGNATURE REQUIRED: URSILLO 1/27/98 (561)495-5781

CR2E037 (10/97)