


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 04, 1999 8:00am
Secretary of State

02-04-1999 90011 022 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N33476					
1. Corporation Name WEST HOLLYWOOD POST #308, INC.					
Principal Place of Business 725 N. 64TH AVE. HOLLYWOOD FL 33024-7700 US			Mailing Address 725 N. 64TH AVENUE HOLLYWOOD FL 33024		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/27/1989	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-6200349	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HULING, GEORGE 7080 WILSON STREET HOLLYWOOD FL 33024				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		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	DP	<input type="checkbox"/> DELETE					
NAME	KRUG, LUCILLE						
STREET ADDRESS	2210 TAYLOR STREET #106						
CITY-ST-ZIP	HOLLYWOOD FL						
TITLE	DV	<input type="checkbox"/> DELETE					
NAME	GLADWIN, PATRICK						
STREET ADDRESS	8421 NW 7TH CT.						
CITY-ST-ZIP	PEMBROKE PINES FL						
TITLE	DV	<input type="checkbox"/> DELETE					
NAME	BOCHENECK, LEO J						
STREET ADDRESS	5792 SW 35 AVENUE						
CITY-ST-ZIP	HOLLYWOOD FL						
TITLE	SD	<input type="checkbox"/> DELETE					
NAME	ECKLEY, PAUL C.						
STREET ADDRESS	6661 DOUGLAS STREET						
CITY-ST-ZIP	HOLLYWOOD FL						
TITLE	DT	<input type="checkbox"/> DELETE					
NAME	HULING, GEORGE						
STREET ADDRESS	7080 WILSON STREET						
CITY-ST-ZIP	HOLLYWOOD FL						
TITLE		<input type="checkbox"/> DELETE					
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
1.2 NAME							
1.3 STREET ADDRESS							
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
2.2 NAME							
2.3 STREET ADDRESS							
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
3.2 NAME							
3.3 STREET ADDRESS							
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
4.2 NAME							
4.3 STREET ADDRESS							
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
5.2 NAME							
5.3 STREET ADDRESS							
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
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 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, with all other like empowered.

SIGNATURE: George Huling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/99 7041754
Date Daytime Phone #

CR2E037 (11/98)