


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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*Amended*

DOCUMENT # N35265

(0)

1. Corporation Name

**Veterans Memorial Inc.**

Principal Place of Business

Mailing Address

**4642 Terminal Drive  
Fort Myers FL 33902**

**8436 Cypress Dr N  
Fort Myers FL 33912**

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/16/1989</b>		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0165093</b>		Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	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

10. Name and Address of New Registered Agent

**Winslow Urbian C  
17209 Phlox drive SE  
Fort Myers FL 33912**

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 617.0502, 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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CD Winslow Urbian C</b>	1.2 NAME	<b>900002331879-4</b>
STREET ADDRESS	<b>17209 Phlox Drive SE.</b>	1.3 STREET ADDRESS	<b>-10/28/97-01088-003</b>
CITY-ST-ZIP	<b>Fort Myers FL 33912</b>	1.4 CITY-ST-ZIP	<b>*****61.25 *****61.25</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD Scott Robert</b>	2.2 NAME	
STREET ADDRESS	<b>8436 Cypress Drive North</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Fort Myers FL 33912</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SD Miller Victoria</b>	3.2 NAME	
STREET ADDRESS	<b>2123 Dora St</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Fort Myers FL 333901</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T Director Leedham Kathryn</b>	4.2 NAME	
STREET ADDRESS	<b>8436 Cypress Drive North</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Fort Myers FL 33912</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D Frish Edward</b>	5.2 NAME	
STREET ADDRESS	<b>1012 SE 26th Street</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Cape Coral FL 333904</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D Rinkenback Albert</b>	6.2 NAME	
STREET ADDRESS	<b>Box 1298 Bonita Springs FL 33959</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>(N/A)</b>	6.4 CITY-ST-ZIP	

14. I do hereby 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:

*Kathryn A. Leedham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Kathryn A. Leedham* 9-29-97 941-267-0883  
Date Daytime Phone #

CP2E037 (9/96)