FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N35952

(3)

POST OFFICE POST NO 311 THE AMERICAN LEGION, INC

Mainting Accesses Main											
1138S SW 1091H RD. APT. #W MANUEL STATE 22. Mindry Address 23. Maring Address 24. Maring Address 25. Suito, Apt. #, etc. 27. Suito, Apt. #, etc. 28. Suito, Apt. #, etc. 29.	Principal Place of Business Mailing Address							I PROTEIDI OCO FILOT OLEGO TRIBI DITIA	101 ALEH DIBIL GI		I DIDA DIDA IDDI
2. Principal Place of Elumess 2a. Mairing Address 4. FET Number 59-3820065 Acquisite Acquisi	11395 SW 109TH RD., APT. #W 11395 SW 109TH RD., A			APT. #W	\PT. #W						
Suffice Apt 8, etc. 28								3. Date incorporated or Qualified 01/04/1990	3a. Date 0	16/1	Report 995
22 27 28 27 28 28 29 29 29 29 29 29		ace of Business	pung -				4. FEI Number 59-3620065		\vdash	Applied For Not Applicable	
29 Country 29 Country 29 Country 8 This corporation has lability for intempolio fax under \$190.032, 190.032 190.032		#, etc.	· · · ·					5. Certificate of Status Desired			
Zip Country Zip So So So So So So So S	 1		}					, ,		•	
9. Name and Address of Current Registered Agent GOLD, STANLEY 11395 SW 109 RD, APT, #W MIAMI FL FL 33176 11. Pursuant to the provisions of Sections 617 0502 and 617.1508, Florids Statutes, the above named corporation submits this statement for the purpose of classing its registered agent, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am former with, and accept the adaptions of 5-both of 17.0501, hereby accept the appointment as registered agent, I am former with, and accept the adaptions of 5-both of 17.0501, hereby accept the appointment as registered agent, I am former with an accept the adaptions of 5-both of 17.0501, hereby accept the appointment as registered agent, I am former with a data accept the adaptions of 5-both of 17.0501, hereby accept the appointment as registered agent, I am former with a former with a former with a data accept the adaption of 5-both of 17.0501, hereby accept the appointment as registered agent, I am former with a forme		Country	Zip	Cou	ntry			8. This corporation has liability for in	itangible tax u		
GOLD, STANLEY 11395 SW 109 RD., APT. #W MIAMI FL FL 33176 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florids Statutes, the above named corporation autimits this datasement for the purpose of changing its registered diport, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am formalism with, and accept the obligations of, Section 617,0503, Florids Statutes. SCHARTURE SCHARTURE DEFINITION OF CONTROL STANLEY M 1385 SW 109 RD #W 1385 SW	24			30							
GOLD, STANLEY 11395 SW 109 RD., APT. #W MIAMI FL FL 33176 22 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florida Statutes, the above named corporation submits the statement for the purpose of changing its 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 familier with, and accept the obligations of Sections 617,0503. Phonds Statutes. SCNATURE SCNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/O-IANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/O-IANGES TO OFFICERS AND DIRECTORS IN 12. 14. ADDITIONS/O-IANGES TO OFFICERS AND DIRECTORS IN 12. 15. ADDITIONS/O-IANGES TO OFFICERS AND DIRECTORS IN 12. 16. ADDITIONS/O-IANGES TO OFFICERS AND DIRECTORS IN 12. 17. ADDITIONS/O-IANGES TO OFFICERS AND DIRECTORS IN 12. 18. ADDITIONS/O-IANGES TO OFFICERS AND DIRECTORS IN 12. 18. ADDITIONS/O-IANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONS/O-IANGES TO OFFICERS AND DIRECTORS IN 12. 10. ADDITIONS/O-IANGES TO OFFICERS AND DIRECTORS IN 12. 10. ADDITIONS/O-IANGES TO OFFICERS AND		9. Name and Address of Curren	t Hegistered Agent		B1	Name		10. Name and Address of New Re	gistered Age	nt	
11. Pursuant to the provisions of Sections 617 0502 and 617.1508. Florids Statutes. The above named corporation submits this statement for the purpose of changing its registered again, or both in the State of Florids. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered again, and accept the obligations of, Section 617.0503. Florids Statutes. SIGNATURE SIGNATURE DELETE PD OCELETE 1.1TILE OFFICERS AND DIRECTORS 1.3 STREET ADDRESS DILLY SSEW 109 RD #W 1.3 STREET ADDRESS DILLY SD BOMSE, MARTIN 2.2 MANE SSEW 109 RD #W 1.3 STREET ADDRESS DELETE 3. TITLE DELETE 3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE SD BOMSE, MARTIN 2.2 MANE SSEW 109 RD #W 1.3 STREET ADDRESS DELETE 3. TITLE DELETE 3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE SD BOMSE, MARTIN 2.2 MANE SSEW 109 RD #W 1.3 STREET ADDRESS ALCHI-ST-2P THE DECKER, HARRY 84 S SW 107TH AVE. APT. 305 3.4 STREET ADDRESS ALCHI-ST-2P THE DECKER, HARRY 84 S SW 107TH AVE. APT. 305 3.4 STREET ADDRESS CITY-ST-2P DELETE 4. STREET ADDRESS CITY-ST-2P THE DELETE 5. S	GOLD ST	TANI FY									
MIAMI FL FL 33176 Sections 517-0502 and 617-1508. Horida 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 Forida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered office or registered agent. I am summit with, and accept the obligations of, Section 617-0503. Florida Statutes. SIGNATURE						Street	Addres	s (P.O. Box Number is Not Acceptable))		
11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florida Statuties, the above-named corporation submits this statement for the purpose of changing its 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 within and accept the obligations of, Section 617,0503. Provided Statuties. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECT					83						
11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Horids Statutes, the above-named corporation submits this statement for the purpose of clanging its registered agent, or both, in the State of Forida. Such change was authorized by the corporation's board of directors. I hereby eccept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Horida Statutes. Signature: S						A					
Complemental specific process of the obligations of, Section 617-0503, Florida Statutes SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. TIME 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. Change Addition 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. Change Addition 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. Change Addition 29. MANE ADDITIONS 30. SIREET ADDRESS 30. CHY-ST-ZP 30. CHY-ST-Z					84	City			FL 8	5 Zi	p Code
12.	familiar wit	ed agent, or both, in the state of Floric th, and accept the obligations of, Secti	on 617.0503, Florida Statute	zed by the d s.	orpo	oration's	o boardi	of directors. I hereby accept the appo	intment as reg	stered	Jagent. I am
RAME SIRRET ADDRESS CITY-ST-ZIP MIAMI FL SD SD SIMPLETE SD MIAMI FL SD SD SIMPLETE SITILE SD MIAMI FL SD SD SIMPLETE STITLE MAME BOMSE, MARTIN SIRRET ADDRESS CITY-ST-ZIP TILE TD SECKER, HARRY SIRRET ADDRESS CITY-ST-ZIP SIRRET ADDRESS MIAMI FL SIRRET ADDRESS CITY-ST-ZIP MAME SIRRET ADDRESS CITY-ST-ZIP SIRRET ADDRESS SIRRET ADDRESS SIRRET ADDRESS CITY-ST-ZIP SIRRET ADDRESS SIRRET ADDRESS SIRRET ADDRESS CITY-ST-ZIP SIRRET ADDRESS SIRRET ADDRES	12.									RECTO	ORS IN 12
STREET ADDRESS 11395 SW 109 RD #W 135TREET ADDRESS 14 CITY-ST-ZIP	TITLE		DELETE	1.1 [1]	īLE					hange	Addition
CITY-ST-ZIP MIAMI FL SD DMELETE 21 TITLE SD DMELETE 22 MANE BOMSE, MARTIN 1551 SW 135TH TERR G310 23 STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33027 24 CITY-ST-ZIP TITLE TD DELETE 31 TITLE 32 MANE STREET ADDRESS MIAMI FL 33155 TITLE DELETE 41 TITLE DELETE 52 NAME 43 SIREET ADDRESS CITY-ST-ZIP TITLE DELETE 54 CITY-ST-ZIP DELETE 54 CITY-ST-ZIP DELETE 55 SAMME 55 SAMME 56 SAMME 57 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 54 CITY-ST-ZIP TITLE DELETE 54 CITY-ST-ZIP TITLE DELETE 55 SAMME 56 SAMME 57 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 54 CITY-ST-ZIP TITLE DELETE 55 SAMME 56 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 56 SAMME 57 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 57 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 57 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 58 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 61 TITLE CHANGE Addition Ad		•		1.2 NA	ME						
THE SD DMSE, MARTIN AME BOMSE, MARTIN STREEL ADDRESS 1551 SW 135TH TERR G310 PEMBROKE PINES FL 33027 THE TO DELETE 31 THE BECKER, HARRY STREEL ADDRESS 6UTY-S1-ZIP MAME BECKER, HARRY STREEL ADDRESS 6UTY-S1-ZIP THE DELETE 41 THE ACTION STREEL ADDRESS 6UTY-S1-ZIP THE DELETE 51 THE STREEL ADDRESS 6UTY-S1-ZIP THE DELETE 51 THE DELETE 51 THE STREEL ADDRESS 6UTY-S1-ZIP THE DELETE 51 T				1.3 ST	REET	address					
NAME STREEL ADDRESS CITY-ST-ZIP TITLE TO DELETE TO BECKER, HARRY STREEL ADDRESS CITY-ST-ZIP TITLE TO DELETE TO DELETE TITLE TO DELETE TO DELETE TITLE TO DELETE TO	+		Fraficir			T-ZIP	1-1-			<u>′ </u>	
TILE TO DELETE 31 TILE STREET ADDRESS CITY-S1-ZIP ADDRESS CITY-S1-ZIP ADDRESS CITY-S1-ZIP ADDRESS CITY-S1-ZIP DELETE 41 TILE Change Addition MAME STREET ADDRESS CITY-S1-ZIP DELETE 41 TILE CHANGE ADDRESS CITY-S1-ZIP CHANGE ADDRESS CITY-S1-ZIP ADDRESS CITY-S1-ZIP CHANGE ADDRESS CITY-S1-ZIP ADDRESS CITY-S1-Z			Phoerese				$ V_{\lambda} $)	(P	nange	L. Addition
TILE TO DELETE 31 TILE STREET ADDRESS CITY-S1-ZIP ADDRESS CITY-S1-ZIP ADDRESS CITY-S1-ZIP ADDRESS CITY-S1-ZIP DELETE 41 TILE Change Addition MAME STREET ADDRESS CITY-S1-ZIP DELETE 41 TILE CHANGE ADDRESS CITY-S1-ZIP CHANGE ADDRESS CITY-S1-ZIP ADDRESS CITY-S1-ZIP CHANGE ADDRESS CITY-S1-ZIP ADDRESS CITY-S1-Z				1		4 NOBEČĆ	Ho	ward shoogless	-		
TILE NAME BECKER, HARRY 8415 SW 107TH AVE. APT. 305 MAMI FL 33155 TILE NAME SIREET ADDRESS CITY-S1-ZIP TILE NAME SIREET ADDRESS CITY-S1-ZIP TILE DELETE 41 TILE 42 NAME 43 SIREET ADDRESS CITY-S1-ZIP TILE DELETE 51 TILE NAME SIREET ADDRESS CITY-S1-ZIP TILE NAME SIREET ADDRESS CITY-S1-ZIP TILE DELETE 51 TILE S1 STREET ADDRESS CITY-S1-ZIP TILE NAME SIREET ADDRESS CITY-S1-ZIP TILE S1 STREET ADDRE								6470 - 1037	470		
NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33155 MIAM	+		DELETE			11-215	 	p (2m; 11-1 33)		hange	Addition 1
MIAMI FL 33155 34 CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE DELETE A4 CITY-ST-ZIP TILE STREET ADDRESS CITY-ST-ZIP TILE DELETE STREET ADDRESS CITY-ST-ZIP TILE DELETE STREET ADDRESS CITY-ST-ZIP TILE STREET A	NAME	BECKER, HARRY	_	3 2 NA	ME				-		—
TILLE NAME A 2 NAME STREET ADDRESS CITY - ST - ZIP TILLE NAME STREET ADDRESS CITY - ST - ZIP TILLE NAME STREET ADDRESS CITY - ST - ZIP TILLE NAME STREET ADDRESS CITY - ST - ZIP TILLE NAME STREET ADDRESS CITY - ST - ZIP TILLE DELETE STREET ADDRESS CITY - ST - ZIP TILLE DELETE STREET ADDRESS CITY - ST - ZIP TILLE DELETE STREET ADDRESS CITY - ST - ZIP TILLE STREET ADDRESS CITY - ST -	STREET ADDRESS		5	3.3 \$1	REET	ADDRESS					
NAME STREET ADDRESS CITY - ST - ZIP TITLE DELETE DELETE 51 TITLE Change Addition NAME STREET ADDRESS CITY - ST - ZIP TITLE 51 TI	CITY-S1-ZIP	MIAMI FL 33155		3.4 CI	ITY-S	T-ZIP					
STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP 11TLE	TITLE		DELETE	4.1 \$11	TLE.				□ c	hange	Addition
CHY-ST-ZIP TITLE DELETE 51 TITLE Change Addition NAME 52 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE Change Addition NAME Addition NAME Change				4. 2 N	AME						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE S 3 STREET ADDRESS CITY-ST-ZIP TITLE S 4 CITY-ST-ZIP TITLE Change Addition Addition Addition Addition Addition Addition Addition AMME STREET ADDRESS CITY-ST-ZIP 6 1 TITLE 6 2 NAME 6 2 NAME 6 3 STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(N), 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				4.3 ST	REET.	ADDRESS					
NAME STREET ADDRESS CITY_ST_ZIP 54 CITY_ST_ZIP 54 CITY_ST_ZIP 54 CITY_ST_ZIP 61 TITLE Change Addition NAME STREET ADDRESS CITY_ST_ZIP 62 NAME STREET ADDRESS CITY_ST_ZIP 64 CITY_ST_ZIP 64 CITY_ST_ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(N), 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			DISTER			T-ZIP	ļ				
STREET ADDRESS CITY_ST-ZIP 54 CITY_ST-ZIP 54 CITY_ST-ZIP 1ITLE 1ITL									Liu	nange	Addition
CITY-ST-ZIP ITILE Statity-ST-ZIP Statity Statity	1					*DODECC					
TITLE NAME STREET ADDRESS CHY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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											
NAME STREET ADDRESS GITY- ST- ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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		· ·····	DELETE			1-21	ł		ПС	hange	Addition
City-St-ZiP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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	NAME			62 NA	ME						
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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	STREET ADDRESS			63 ST	REET.	ADDRESS					
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				6.4 CI	TY-\$1	T-ZIP					
appears in Block 12 or Block[13 if changed, or on an attachment with an address.	certify that l	the information indicated on this annu- am an officer or director of the corpor	al report or supplemental ani ration or the receiver or trusti	nual report is se empower	e truu	a and a	courate :	and that my cionature chall have the c	ama lagal offa	A AA H	f made under

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14/96

Deytime Phone #

CR2E037 (12