

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 20 PM 1:15

DOCUMENT # **N42968 (0)**

1. Corporation Name  
**AMVETS DADE-BROWARD MEMORIAL POST 11, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
**14727 WEST DIXIE HIGHWAY  
NORTH MIAMI FL 33181**      **14727 WEST DIXIE HIGHWAY  
NORTH MIAMI FL 33181**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**04/15/1991**      **01/19/1994**  
4. FEI Number      Applied For  
**NOT APPLICABLE**      Not Applicable

2. Principal Place of Business      2a. Mailing Address  
21      26  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27  
City & State      City & State  
23      28  
Zip      Country      Zip      Country  
24      25      29      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. Nonprofit with IRS 501(c)(3) Tax Exempt Status            **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent  
**CAPUTO, DANIEL J  
15299 NE 12TH AVE  
N MIAMI BEACH FL 33162**  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      **FL**      85 Zip Code

10. Name and Address of New Registered Agent  
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE      Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when re-registering)      DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAPUTO, DANIEL J.</b>	1.2 NAME	
STREET ADDRESS	<b>15299 N.E. 12TH AVENUE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>N. MIAMI BEACH FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>T</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANABRIA, RALPH</b>	2.2 NAME	
STREET ADDRESS	<b>465 DUNAD AVE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>OPA LOCKA FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRANE, WILLIAM S.</b>	3.2 NAME	
STREET ADDRESS	<b>17221 N.W. 48TH AVENUE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>OPA LOCKA FL</b>	3.4 CITY - ST - ZIP	<b>33179</b>
TITLE	<b>T</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHULTZ, JAMES M</b>	4.2 NAME	
STREET ADDRESS	<b>6736 PANSY DR</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIRAMAR FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>T</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, ROBERT L</b>	5.2 NAME	
STREET ADDRESS	<b>1925 NE 124TH ST</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NORTH MIAMI FL</b>	5.4 CITY - ST - ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUGHES, JOHN A.</b>	6.2 NAME	
STREET ADDRESS	<b>2423 N.E. 136TH TERRACE</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>N. MIAMI FL</b>	6.4 CITY - ST - ZIP	<b>Hialeah, FL 33014</b>

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Daniel J Caputo*      01-13-95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      (Typed Name)