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Jan 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N42968 (0)  
1. Corporation Name  
AMVETS DADE-BROWARD MEMORIAL POST 11, INC.



Principal Place of Business Mailing Address  
15299 NE 12TH AVE. NORTH MIAMI BEACH FL 33162-5844  
15299 NE 12TH AVE. NORTH MIAMI BEACH FL 33162-5844

3. Date Incorporated or Qualified  
04/15/1991

4. FEI Number  
NOT APPLICABLE Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country

7. Is this nonprofit corporation a homeowners association?  Yes  No

24 25 29 30

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

10. Name and Address of New Registered Agent

CAPUTO, DANIEL J  
15299 NE 12TH AVE  
N MIAMI BEACH FL 33162-5844

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 617.0503, 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 D  DELETE  
NAME CAPUTO, DANIEL J.  
STREET ADDRESS 15299 N.E. 12TH AVENUE  
CITY-ST-ZIP N. MIAMI BEACH FL 33162-5844

TITLE A  DELETE  
NAME CHIPMAN, NOLAN P  
STREET ADDRESS PO BOX 016155  
CITY-ST-ZIP MIAMI FL 33101

TITLE SO  DELETE  
NAME MENIN, STANLEY S  
STREET ADDRESS 1301 NE 191ST ST #417  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

TITLE T  DELETE  
NAME SHULTZ, JAMES M  
STREET ADDRESS 6736 PANSY DR  
CITY-ST-ZIP MIRAMAR FL 33023

TITLE T  DELETE  
NAME SMITH, ROBERT L  
STREET ADDRESS 1925 NE 124TH ST  
CITY-ST-ZIP NORTH MIAMI FL 33181

TITLE C  DELETE  
NAME DENNIS, EDWIN  
STREET ADDRESS 1454 WEST 72ND STREET  
CITY-ST-ZIP HIALEAH FL 33014

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  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.

SIGNATURE: Daniel J. Caputo REQUIRED

01-03-98

305-947-2339

CR2E037 (10/97)