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Feb 22, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N42968

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

Principal Place of Business 15299 NE 12TH AVE. NORTH MIAMI BEACH FL 33162-5844	Mailing Address 15299 NE 12TH AVE. NORTH MIAMI BEACH FL 33162-5844
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/15/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CAPUTO, DANIEL J.	
STREET ADDRESS	15299 N.E. 12TH AVENUE	
CITY-ST-ZIP	N. MIAMI BEACH FL 33162-5844	
TITLE	A	<input type="checkbox"/> DELETE
NAME	CHIPMAN, NOLAN P	
STREET ADDRESS	PO BOX 016155	
CITY-ST-ZIP	MIAMI FL 33101	
TITLE	SO	<input type="checkbox"/> DELETE
NAME	MENIN, STANLEY S	
STREET ADDRESS	1301 NE 191ST ST #417	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SHULTZ, JAMES M	
STREET ADDRESS	6736 PANSY DR	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SMITH, ROBERT L	
STREET ADDRESS	1925 NE 124TH ST	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE	C	<input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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: Daniel J. Caputo **REQUIRED** Daniel J. Caputo 01-05-99 - 305-947-2339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)