


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

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| NONPROFIT CORPORATION ANNUAL REPORT 1996 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N45546** (1)
1. Corporation Name
VETERANS OF THE VIETNAM WAR FLORIDA POST 4 INC.



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| Principal Place of Business P.O. BOX 5346 HOLLYWOOD FL 33083 | Mailing Address P.O. BOX 5346 HOLLYWOOD FL 33083 |
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|--------------------------------|------------------------|---|---------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 10/09/1991 | 3a. Date of Last Report 05/01/1995 |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 4. FEI Number 65-0077124 | Applied For Not Applicable |
| 22 City & State | 27 City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 Zip | 28 Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 Country | 29 Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent WANISKO, GEORGE J. JR. 9390 MEADOWS CIR. SOUTH MIRAMAM FL 33025 | 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.

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| 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 | NAME | 1.1 TITLE |
| NAME | PD | 1.2 NAME |
| STREET ADDRESS | CARREIRO, NORMAN | 1.3 STREET ADDRESS |
| CITY - ST - ZIP | 4120 SW 31ST DRIVE | 1.4 CITY - ST - ZIP |
| | HOLLYWOOD FL | 2.1 TITLE |
| TITLE | VD | 2.2 NAME |
| NAME | CASSETTZ, JOHN | 2.3 STREET ADDRESS |
| STREET ADDRESS | 10761 SANTA FE DRIVE | 2.4 CITY - ST - ZIP |
| CITY - ST - ZIP | COOPER CITY FL | 3.1 TITLE |
| TITLE | STD | 3.2 NAME |
| NAME | WANISKO, GEORGE J JR | 3.3 STREET ADDRESS |
| STREET ADDRESS | 9390 MEADOWS CIR S | 3.4 CITY - ST - ZIP |
| CITY - ST - ZIP | MIRAMAR FL | 4.1 TITLE |
| TITLE | | 4.2 NAME |
| NAME | | 4.3 STREET ADDRESS |
| STREET ADDRESS | | 4.4 CITY - ST - ZIP |
| CITY - ST - ZIP | | 5.1 TITLE |
| TITLE | | 5.2 NAME |
| NAME | | 5.3 STREET ADDRESS |
| STREET ADDRESS | | 5.4 CITY - ST - ZIP |
| CITY - ST - ZIP | | 6.1 TITLE |
| TITLE | | 6.2 NAME |
| NAME | | 6.3 STREET ADDRESS |
| STREET ADDRESS | | 6.4 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: STD 6-27-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date _____ Daytime Phone # _____

CR2E037 (3/96)