

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Sep 08, 1999 8:00 am  
Secretary of State

09-08-1999 90005 010 \*\*\*\*61.25

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Corporation Name

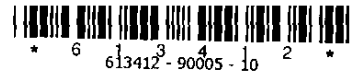
VETERANS OF THE VIETNAM WAR FLORIDA POST 4 INC.

Principal Place of Business

P.O. BOX 5346  
HOLLYWOOD FL 33083

Mailing Address

P.O. BOX 5346  
HOLLYWOOD FL 33083



Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/09/1991
Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0077124
City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip Country	28. Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25	29	30

9. Name and Address of Current Registered Agent

MAST, HUGO O.  
1510 LEE ST  
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81. Name	MAST HUGO O.
82. Street Address (P.O. Box Number is Not Acceptable)	1510 LEE ST
83.	
84. City	HOLLYWOOD
85. Zip Code	FL 33020

I, 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 HUGO O. MAST  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

8/29/99  
DATE

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	CARREIRO, NORMAN	1.2 NAME	
REET ADDRESS	4120 SW 31ST DRIVE	1.3 STREET ADDRESS	
Y-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	
LE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	BROWNELL, HENRY	2.2 NAME	
REET ADDRESS	6148 SW 33RD PL	2.3 STREET ADDRESS	
Y-ST-ZIP	DAVIE FL 33314	2.4 CITY-ST-ZIP	
LE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	CARREIRO, NORMAN J.	3.2 NAME	
REET ADDRESS	4120 SW 31ST DR	3.3 STREET ADDRESS	
Y-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	
LE	STD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	MAST, HUGO O.	4.2 NAME	
REET ADDRESS	1510 LEE ST	4.3 STREET ADDRESS	
Y-ST-ZIP	HOLLYWOOD FL 33020	4.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

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: NORMAN CARREIRO 8/29/99 9542293232  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0003183

CR2E037 (5/99)