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Mar 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
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DOCUMENT # N47224 (3)
1. Corporation Name
U.S.S. INDEPENDENCE CVL22 REUNION GROUP, INC.



Principal Place of Business 107 ROYAL PARK DR. APT 2F OAKLAND PARK FL 33309 US	Mailing Address 107 ROYAL PARK DR APT 2F OAKLAND PARK FL 33309 US
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3. Date Incorporated or Qualified 02/06/1992	4. FEI Number 65-0190925	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent	
KRAPF, JOSEPH J. 107 ROYAL PARK DR APT 2F OAKLAND PARK FL 33309	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 *Joseph J. Krampf* **TT** *Joseph J. Krampf* **3-9-98**
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	TP <input type="checkbox"/> DELETE
NAME	DENTON, NELSON R.
STREET ADDRESS	135 CHANCELLOR DR
CITY-ST-ZIP	CHAMBERSBURG PA
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	ADAMS, GERALD E
STREET ADDRESS	2750 60TH ST
CITY-ST-ZIP	SACRAMENTO CA
TITLE	TS <input type="checkbox"/> DELETE
NAME	SEACE, EDWIN R.
STREET ADDRESS	2809 FIDDLERS GREEN ROAD
CITY-ST-ZIP	LANCASTER PA
TITLE	TT <input type="checkbox"/> DELETE
NAME	KRAPF, JOSEPH J.
STREET ADDRESS	107 ROYAL PARK DR, #2F
CITY-ST-ZIP	OAKLAND PARK FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V.P. BACKLUND HERMAN
2.3 STREET ADDRESS	11150 US27 SOUTH
2.4 CITY-ST-ZIP	SEBRING FL 33870
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 checked="" type="checkbox"/> Addition
5.2 NAME	DIRECTOR AT LARGE BELL HERMAN
5.3 STREET ADDRESS	1645 SANDZOWOOD
5.4 CITY-ST-ZIP	COBARRS CIFIESTI, TX 78412
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.

SIGNATURE: *Joseph J. Krampf* **TT** **3-9-98** **954-484-9443**

CR2E037 (10/97)