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1/20/2000

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N47224

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/06/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0190925	
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"/>	
Country		Country		\$5.00 May Be Added to Fees	
24	25	29	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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENTON, NELSON R.	1.2 NAME	
STREET ADDRESS	135 CHANCELLOR DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHAMBERSBURG PA	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACKLUND, HERMAN	2.2 NAME	
STREET ADDRESS	1150 US 27 SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33870	2.4 CITY-ST-ZIP	
TITLE	TS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEACE, EDWIN R.	3.2 NAME	
STREET ADDRESS	2809 FIDDLERS GREEN ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LANCASTER PA	3.4 CITY-ST-ZIP	
TITLE	TT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAPF, JOSEPH J.	4.2 NAME	
STREET ADDRESS	107 ROYAL PARK DR, #2F	4.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERMAN, BELL	5.2 NAME	
STREET ADDRESS	1645 SANDREWOD	5.3 STREET ADDRESS	1645 SANDALWOOD
CITY-ST-ZIP	CORPUS CHRISTI TX 78412	5.4 CITY-ST-ZIP	CORPUS CHRISTI TX 78412
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Joseph J. Krampf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/99

Date

954-484-9443

Daytime Phone #

CR2E037 (11/98)