


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortherm</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N50359** (1)

1. Corporation Name

**VARGA - VILET AMVETS POST 793, INC.**



Principal Place of Business	Mailing Address
P.O. BOX 1654 LAKE PANASOFFKEE FL 33538	P.O. BOX 1654 LAKE PANASOFFKEE FL 33538

3. Date Incorporated or Qualified	08/14/1992
4. FEI Number	59-3068339
Applied For	Not Applicable

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 Country
24	25
29	30

5. Certificate of Status Desired	<input checked="" 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

9. Name and Address of Current Registered Agent

**PLYMESSER, JOHN H**  
**4471 SW 129TH BLVD**  
**BUSHNELL FL 33513**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	PLYMESSER, JOHN H
STREET ADDRESS	4471 SW 129TH BLVD - PO BOX 1266
CITY - ST - ZIP	BUSHNELL FL
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	VILET, EVELYN
STREET ADDRESS	9 WILDERNESS DR
CITY - ST - ZIP	LAKE PANASOFFKEE FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	CLOYNE, RAY
STREET ADDRESS	3488 JODI WEST DRIE
CITY - ST - ZIP	DADE CITY FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	HARVEY, BERNADINE R
STREET ADDRESS	930 CR 457A - PO BOX 984
CITY - ST - ZIP	LAKE PANASOFFKEE FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	SCOTT, M. J.
STREET ADDRESS	1394 SW 83RD PLACE
CITY - ST - ZIP	BUSHNELL FL
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	NORMAN, GEORGE
2.3 STREET ADDRESS	N/A P.O. BOX 1374
2.4 CITY - ST - ZIP	LAKE PANASOFFKEE, FL. 33538
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SD HARVEY, BERNADINE R.
4.3 STREET ADDRESS	1336 CR 459 - Lot 6 - P.O. BOX 984
4.4 CITY - ST - ZIP	LAKE PANASOFFKEE, FL. 33538
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	TD VILET, EVELYN
5.3 STREET ADDRESS	9 WILDERNESS DR.
5.4 CITY - ST - ZIP	LAKE PANASOFFKEE, FL. ###*#*
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: *[Signature]* 4-17-98 352-793-6133

CR2E037 (10/97)