

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)

NONPROFIT CORPORATION ANNUAL REPORT 1995	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000003370 (4)
1. Corporation Name
UNITED STATES VETERANS' ORGANIZATION CORPORATION

Principal Place of Business % THOMAS N. BORDERS 1711 NORTH STATE ROAD 7 MARGATE FL 33063	Mailing Address % THOMAS N. BORDERS 1711 NORTH STATE ROAD 7 MARGATE FL 33063
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/22/1993	3a. Date of Last Report 09/08/1994
4. FEI Number 65-0507308	Applied For 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BORDERS, THOMAS N
1711 NORTH STATE ROAD 7
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name 100002050451--9	85 Zip Code FL
82 Street Address (P.O. Box Number is Not Acceptable) ****358.75 ****358.75	
83	
84 City	

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

THOMAS N. BORDERS

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

THOMAS N. BORDERS

12-16-96
DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEE, MYRON E P.O. BOX 48351 N/A POMPANO BEACH FL 33061 NOT ELECTED
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BORDERS, THOMAS N 11945 FLOTILLA PLACE BOCA RATON FL 33428
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS COOPER, EUGENE 5590 MESAVARDE MARGATE FL DECEASED
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KURABEISKI, EDWIN J 8020 S.W. 6TH STREET NORTH LAUDERDALE FL 33068 NOT ELECTED
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	P-D-S BROWN, REVEREND JACK R. 4201 N.W. 47 ST. TAMARAC, FL. 33319 Change Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	D-T BORDERS, THOMAS N. 22 139 ATLANTIC ST. BOCA RATON, FL. 33428 Change Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	VSD BROWN, CANDACE J. 4201 N.W. 47 ST. TAMARAC, FL. 33319 Change Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	D BERKOWITZ, REBECCA 10701 RYAN PALM BLVD. #16 CORALS SPRINGS, FL. 33065 Change Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	

REINSTATEMENT 1996

12/31/96

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:

THOMAS N. BORDERS

Signature and typed or printed name of signing officer or director

12-16-96

Date

954-972-0778

Daytime Phone #