**FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00**

FILED
Jul 01 1998 8:00am
Secretary of State

NON-Profit
PROFIT CORPORATION ANNUAL REPORT
1998 Amended AR

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N 93000003370

1. Corporation Name
UNITED STATES VETERANS' ORGANIZATION CORPORATION

Principal Place of Business
1711 N.SR. 7 SUITE E.
MARGATE FL. 33063

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
JULY 1993

2. Principal Place of Business
21
Suite Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number
65-0507308
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

THOMAS N. BORDERS
1711 N.SR. 7 SUITE E.
MARGATE, FL. 33063

**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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature is required when only filing) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | V.P. D | ☐ DELETE | 1.1 TITLE | VP | ☐ Change ☐ Addition |
| NAME | JACK KUBASEK | | 1.2 NAME | JACK KUBASEK | |
| STREET ADDRESS | P.O. Box 934818 | | 1.3 STREET ADDRESS | | DELETE |
| CITY-ST-ZIP | MARGATE, FL. 33063 | | 1.4 CITY-ST-ZIP | | |
| TITLE | C T M D | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | THOMAS N. BORDERS | | 2.2 NAME | | |
| STREET ADDRESS | 1711 N.SR. 7 | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MARGATE, FL. | | 2.4 CITY-ST-ZIP | | |
| TITLE | P D | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | REBECCA BERKOWITZ | | 3.2 NAME | | |
| STREET ADDRESS | 10751 ROYAL PALM BLVD. APT. # 1L | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CORAL SPRINGS, FL. 33065 | | 3.4 CITY-ST-ZIP | | |
| TITLE | V S D | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LINDA BERNAL | | 4.2 NAME | | |
| STREET ADDRESS | 2530 N.W. 101 AVE | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CORAL SPRINGS, FL. 33065 | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

12/1-01

CR2E034 (10/97)

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 607, 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 THOMAS N. BORDERS 6-9-98 954-972-0778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #