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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 AM 12:25

DOCUMENT # **N93000003617 (8)**

1. Corporation Name
UNITED ALLIED VETERANS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
430 BAY ST., NE STE 1506 ST. PETERSBURG FL 33701 US	P.O. BOX 1794 ST. PETERSBURG FL 33731-9998

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/10/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3213260 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 430 BAY ST. N.E.	26 430 BAY ST. N.E.
Suite, Apt. #, etc. 22 SUITE #1506	Suite, Apt. #, etc. 27 SUITE #1506
City & State 23 ST. PETERSBURG FL.	City & State 28 ST. PETERSBURG, FL.
Zip / Country 24 33701 / 25 PINELLAS	Zip / Country 29 33701 / 30 PINELLAS

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WISOTZKY, BENJAMIN 430 BAY ST. N.E. SUITE 1506 ST. PETERSBURG FL 33701	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	WISOTZKY, BENJAMIN	12 NAME	
STREET ADDRESS	430 BAY STREET NE SUITE 1506	13 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	NORRIS, DANIEL	22 NAME	
STREET ADDRESS	3761 WHITING DR. S.E.	23 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	ORNDOFF, JAMES	32 NAME	
STREET ADDRESS	1250 OAKBROOK DR. S.W.	33 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34640	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: BENJAMIN WISOTZKY, CHAIRMAN 4/7/95 (813) 821-5642
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0056498