

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

430 NE BAY ST
#1506
ST. PETERSBURG FL 33701
US

3. Date Incorporated or Qualified
08/10/1993

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 430 BAY ST. N.E.

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE #1506

27

City & State

City & State

23 ST. PETERSBURG FL

28

Zip

Country

Zip

Country

24 FL 33701

25 PINELAS

29

30

4. FEI Number
59-3213260

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 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 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 CD
NAME WISOTZKY, BENJAMIN
STREET ADDRESS 430 BAY STREET NE SUITE 1506
CITY-ST-ZIP ST. PETERSBURG FL 33701

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SD
NAME NORRIS, DANIEL
STREET ADDRESS 3761 WHITING DR. S.E.
CITY-ST-ZIP ST. PETERSBURG FL 33705

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD
NAME ORNDOFF, JAMES
STREET ADDRESS 1250 OAKBROOK DR. S.W.
CITY-ST-ZIP LARGO FL 34640

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHAIRMAN

Date

Daytime Phone #

CR2E037 (12/95)