FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 09 1997 8:00am

Secretary of State

4/5/97

(813)021-5642

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # N93000003617 (8)

UNITED ALLIED VETERANS INTERNATIONAL, INC.

Principal riac	e of business	Maning Address				·				
430 BAY ST., N	ıc	430 NE BAY ST								
STE 1506	ic	#1506								
ST. PETERSBURG FL 33701		ST. PETERSBURG FL 33701-3043								
ÜS		US				3. Date Incorporated or Qualified 08/10/1993	3a. Date of Last Report 01/31/1996			
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number	<u> </u>	And	olied For	
21		26				59-3213260	-		Applicable	
Sulte, Apt.	#. etc.	Suite, Apt. #, etc.				- 	- 68		dditional	
22	m, 010.	27				Certificate of Status Desired	1 1 7 -	ee Rec		
City & State		City & State					·		`	
23	-	28	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Zip Country Zip			try		8. This corporation has liability for it	ntangible tax ur	der s.	199.032,	
24	25					Florida Statules				
9, Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
					81 Name					
WISOTZ	KY, BENJAMIN		Strong Ado							
	ST, N.E.	82 Street Add		dress (P.O. Box Number is Not Acceptable	ej					
		83								
SUITE 1	ERSBURG FL 33701		*	-						
SI. PER		В	34	City		85	Zip C	ode		
							FL°°			
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.										
onice or registered agent, or both, in the state of horida, such canage was sunnorized by the corporation's board of directors. I hereby accept the appointment as registered 1										
SIGNATURE .	Signature, typed or printed name of registered ager	and title if applicable. (NOTE:	Registered A	Ageni	i signature req	uired when reinstating)	DATE			
j 12.	OFFICERS AND DIRECTORS 13					ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS	S IN 12	
title	CD DELETE		1.1 TITLE	E			☐ Ct	ange	Addition	
NAME	WISOTZKY, BENJAMIN		1.2 NAME		1					
STREET ADDRESS	430 BAY STREET NE SUITE 1	506	- · · · · · · · · · · · · · · · · · · ·							
200	ST. PETERSBURG FL 33701									
CITY-ST-ZIP				1.4 CITY-ST-ZIP			☐ Ch	00.00	Addition	
i time		_ pecele			- 1			anye	L Audilion	
NAME	NORRIS, DANIEL		2.2 NAME		- 1					
STREET ADDRESS	3761 WHITING DR. S.E.		2.3 STREET ADDRESS							
CITY-ST-ZIP	ST. PETERSBURG FL 33705		2. 4 DITY-ST-ZIP		-ZIP					
tore	TD	☐ DELETE	3.1 TITLE	E			☐ Ch	ange	Addition	
NAME	ORNDOFF, JAMES	3.2 NAME								
STREET ADDRESS	1250 OAKBROOK DR. S.W.	3.3 STREET ADDRESS								
ZTY-ST-ZP	LARGO FL 34640		3,4, City - St - ZIP		ľ					
TITLE	DELETE			4.1 TiTLE			Ch	ange	Addition	
1	- I		1	4. 2 NAME			— •			
NAME I										
STREET ADDRESS			4.3 STREET		DDRESS					
CITY-ST-ZIP			4.4 CITY - ST - ZIF		- ZIP					
TITLE		DELETE	5.1 TITLE		ļ		L.] Ch	ange	☐ Addition	
NAME,	5.2		5.2 NAMI	5.2 NAME						
STREET ADDRESS	ES\$ 1 5.3		5.3 STRE	5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY - ST - Z		ZIP					
TITLE	1. H	DELETE	6.1 TITLE				☐ Ch	ange	Addition	
NAME	(株) (1.1) 2011 - 11-11 - 11-11 - 11-11 - 11-11 - 11-11 - 11-11 - 11-11 - 11-11 - 11-11 - 11-11 - 11-11 - 11-11		1	6.2 NAME				٠		
. 1897 ·			1		DDGECC					
STREET ADDRESS			8.3 STRE		i					
CITY-ST-ZIP	and the state of t		6.4 CITY			d to 00 - 100 07/07/2 Fig. 12 - 6: 11	1 4 =	. 45 -4 **		
14. 1 do heret	by centry that the information supplied o indicated on this appual report or se	with this filing does not qualify applemental appual report is true	for the ex e and acc	xen cur	nption state ate and the	ed in Section 119.07(3)(i), Florida Statutes at my signature shall have the same legal	, i turther certify effect as if mar	/ Inat ti de und	ne er oath: that i	
l am an ol	flicer or director of the corporation or	the receiver or trustee empower	ed to exe	ecu	te this repo	ort as required by Chapter 617, Florida St	atutes; and that	my na	ame	