


FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 17 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000005763 (8)
1. Corporation Name

AMVETS POST 29 OF DESTIN, INC.



Principal Place of Business 106 BENNING DRIVE UNIT 2 DESTIN FL 32541	Mailing Address 106 BENNING DRIVE UNIT 2 DESTIN FL 32541
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3. Date Incorporated or Qualified 12/17/1993	
4. FEI Number 59-3175318	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent LEGGETT, WILLIAM 106 BENNING DRIVE UNIT 2 DESTIN FL 32541		10. Name and Address of New Registered Agent 81 Name JOSEPH SIMON	
		82 Street Address (P.O. Box Number is Not Acceptable) 500 GULF SHORE DRIVE	
		83 APT 110 A	
		84 City DESTIN FL 85 Zip Code 32541	

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 JOSEPH SIMON (NOTE: Registered Agent signature required when reinstating) DATE 3/5/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D-POST COMMANDER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VAUGHAN, TROY M		1.2 NAME CLAYTON, JOSEPH M	
STREET ADDRESS 112 GULFWIND COURT		1.3 STREET ADDRESS 241 ELLIS ROAD UNIT 47	
CITY-ST-ZIP DESTIN FL		1.4 CITY-ST-ZIP DESTIN, FL 32541	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D-2ND VICE COMMANDER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEGGETT, WILLIAM		2.2 NAME BRADLEY, HERBERT	
STREET ADDRESS 202 GULFWIND COURT		2.3 STREET ADDRESS 775 GULF SHORE DRIVE	
CITY-ST-ZIP DESTIN FL		2.4 CITY-ST-ZIP DESTIN FL 32541	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SIMON, JOSEPH		3.2 NAME	
STREET ADDRESS 600 GULF SHORE DRIVE, APT. 110A		3.3 STREET ADDRESS 500 GULF SHORE DRIVE APT 110 A	
CITY-ST-ZIP DESTIN FL		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JOSEPH SIMON 3/5/98 904.837.1794

CFR2037 (10/97)