

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20 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 # N94000002300 (1)
1. Corporation Name
MATT URBAN AMVETS POST 46 INC.



Principal Place of Business 313 RIVER CHASE DRIVE ORLANDO FL 32807-8241	Mailing Address 313 RIVER CHASE DRIVE ORLANDO FL 32807-8241
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3. Date Incorporated or Qualified 05/05/1994	
4. FEI Number 59-3099749	Applied For <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21 2354 Flamingo Way Suite, Apt. #, etc.	2a. Mailing Address 26 2354 Flamingo Way Suite, Apt. #, etc.
22 City & State 23 Winter Park, FL Zip Country	27 City & State 28 Winter Park, FL Zip Country
24 32792	25 Summit
29 FL	30 Seminole

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

9. Name and Address of Current Registered Agent
**SYLVIA, EMANUEL
313 RIVER CHASE DRIVE
ORLANDO FL 32807-8241**

10. Name and Address of New Registered Agent

81 Name MARIAN E Roberts	
82 Street Address (P.O. Box Number is Not Acceptable) 2354 Flamingo Way	
83	
84 City Winter Park	85 Zip Code FL 32792

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE Commander	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SYLVIA, EMANUEL		1.2 NAME MARIAN E ROBERTS	
STREET ADDRESS 313 RIVER CHASE DR		1.3 STREET ADDRESS 2354 Flamingo Way	
CITY-ST-ZIP ORLANDO FL		1.4 CITY-ST-ZIP Winter Park, FL 32792	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROBERTS, THOMAS W.		2.2 NAME	
STREET ADDRESS 3007 JOHNNY ST		2.3 STREET ADDRESS 2354 Flamingo Way	
CITY-ST-ZIP ORLANDO FL		2.4 CITY-ST-ZIP Winter Park, FL 32792	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DRESS, GERARD T.		3.2 NAME	
STREET ADDRESS 3007 JOHNNY ST		3.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32817		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: *[Signature]* 4-14-98 407-657-4608

CR2E037 (10/97)