

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 '99 DEC 27 PM 5:48
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N94000002300

1. Corporation Name
MATT URBAN AMVETS POST 46 INC.

Principal Place of Business Mailing Address
 2354 FLAMINGO WAY 2354 FLAMINGO WAY
 WINTER PK FL 32792 WINTER PK FL 32792
 US US



| | | |
|--------------------------------|-------------------------------|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21 313 RIVERCHASE DR | 26 313 RIVERCHASE DR | 05/05/1994 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number |
| | | 59-3099749 |
| 22 | 27 | Applied For |
| | | <input type="checkbox"/> Not Applicable |
| City & State | City & State | 5. Certificate of Status Desired |
| 23 ORLANDO, FL | 28 ORLANDO, FL | <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip Country | Zip Country | 6. Election Campaign Financing |
| 24 32807 25 USA | 29 32807 30 USA | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| | | Trust Fund Contribution |

| | |
|---|--|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| ROBERTS, MARIAN E 2354 FLAMINGO WAY WINTER PK FL 32792 | 81 Name LINDA A. PENBERTHY 82 Street Address (P.O. Box Number is Not Acceptable) 5115 OAK HILL DR 83 84 City WINTER PARK FL 85 Zip Code 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 **LINDA A. PENBERTHY, REGISTERED AGENT** DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|----------|--|----------|
| TITLE <input checked="" type="checkbox"/> DELETE | D | 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | D |
| NAME ROBERTS, MARIAN E | | 1.2 NAME EMANUEL SYLVIA | |
| STREET ADDRESS 2354 FLAMINGO WAY | | 1.3 STREET ADDRESS 313 RIVERCHASE DR | |
| CITY-ST-ZIP WINTER PK FL 32792 | | 1.4 CITY-ST-ZIP ORLANDO, FL 32807-8241 | |
| TITLE <input checked="" type="checkbox"/> DELETE | D | 2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | D |
| NAME ROBERTS, THOMAS W. | | 2.2 NAME ROBERT D. JOHNSON | |
| STREET ADDRESS 2354 FLAMINGO WAY | | 2.3 STREET ADDRESS 2520 LEAHY AVE RM 125 | |
| CITY-ST-ZIP WINTER PK FL 38792 | | 2.4 CITY-ST-ZIP ORLANDO, FL 32893-1670 | |
| TITLE <input type="checkbox"/> DELETE | D | 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, with all other like empowered.

SIGNATURE: **EMANUEL SYLVIA** DATE: **8/16/99** (407) 816-0000 X17