


FILE NOW: FILING FEE IS \$61.25

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Feb 26, 1999 8:00 am  
Secretary of State

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000004897**

1. Corporation Name

**VETERANS ASSOCIATION OF THE FORMER ROYAL HUNGARIAN GENDAMARIE, INC.**

Principal Place of Business

5324 PINEVIEW WAY  
APOPKA FL 32703  
US

Mailing Address

5324 PINEVIEW WAY  
APOPKA FL 32703  
US

**NEW ADDRESS!**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 3290 CRANSTON STREET		26 3290 CRANSTON STREET		10/05/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3271347	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 DELTONA, FL		28 DELTONA, FL		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24 32738-2138		29 32738-2138		30	

9. Name and Address of Current Registered Agent

**KISS, GABOR**  
5324 PINEVIEW WAY  
APOPKA FL 32703

10. Name and Address of New Registered Agent

81 Name	KISS, GABOR	
82 Street Address (P.O. Box Number is Not Acceptable)	3290 CRANSTON STREET	
83		
84 City	DELTONA,	FL
85 Zip Code	32738-2138	

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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KISS, GABOR	1.2 NAME	KISS, GABOR
STREET ADDRESS	5324 PINEVIEW WAY	1.3 STREET ADDRESS	3290 CRANSTON STREET
CITY-ST-ZIP	APOPKA FL 32703	1.4 CITY-ST-ZIP	DELTONA, FL 32738-2138
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASZLO, ANDRE	2.2 NAME	
STREET ADDRESS	30901 SMITHONVALLEY RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BULVERDE TX	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENDRE, VITEZ TAMASKA	3.2 NAME	
STREET ADDRESS	2621 WOODGATE LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA 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, with all other like empowered.

SIGNATURE:

*Kiss Gabor* KISS, GABOR

1/20/99

(904) 532-6059

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)