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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000004278					
1. Corporation Name NAVY SEABEE VETERANS OF AMERICA-ISLAND X-3 SARASOTA, FL. INC.					
Principal Place of Business 1021 ESTREMADURA DR C/O LEO FERRON BRADENTON FL 34209 US			Mailing Address 1021 ESTREMADURA DR C/O LEO FERRON BRADENTON FL 34209 US		



2. Principal Place of Business 21 3315 Sandleheath Suite, Apt. #, etc. 22 C/O Perry Ripple City & State 23 Sarasota FL Zip Country 24 34235 25 Sarasota		2a. Mailing Address 26 3315 Sandleheath Suite, Apt. #, etc. 27 % Perry Ripple City & State 28 Sarasota FL Zip Country 29 34235 30 Sarasota		3. Date Incorporated or Qualified 09/07/1995	
4. FEI Number 37-6049784				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>				\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent FERRON, LEON 1021 ESTREMADURA DR BRADENTON FL 34209			10. Name and Address of New Registered Agent 81 Name Perry W. Ripple 82 Street Address (P.O. Box Numbers Not Acceptable) 3315 Sandleheath 83 84 City Sarasota FL 85 Zip Code 34235		

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 Perry W. Ripple DATE 2/20/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC DISAPIO, JOSEPH A 4480 IRONWOOD CIR 206 A BRADENTON FL 34209	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FERRON, LEO 1021 ESTREMADURA DR BRADENTON FL 34209	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D1VC BENNETT, JOHN P O BOX 5883 N/A BRADENTON FL 34281	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D2VC GILL, CHARLES 24 FERN AVE PALMETTO FL 34221	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RIPPLE, PERRY W 3315 SANDLEHEATH ROAD SARASOTA FL 34235	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Perry W. Ripple SIGNATURE REQUIRED 2/20/99 941-378-4870

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)