

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEP 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000002197 (8)

1. Corporation Name

MEN IN ACTION - USA, INC.

Principal Place of Business

Mailing Address

744 SUMMERLAND DRIVE
WINTER PARK FL 32708

P.O. BOX 952517
LAKE MARY FL 32785-2517

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

KWAS, MARK ESQ
1984 DOWNS COURT
LAKE MARY FL 32746

3. Date Incorporated or Qualified

01/29/1996

4. FEI Number

59-3358267

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

TITLE D ☐ DELETE

NAME BENJAMIN, PAUL
STREET ADDRESS 744 SUMMERLAND DRIVE
CITY-ST-ZIP WINTER PARK FL 32708

TITLE D ☒ DELETE

NAME GRONERT, ALBERT
STREET ADDRESS 4799 SHORELINE CIR
CITY-ST-ZIP SANFORD FL 32771

TITLE ST ☒ DELETE

NAME GRONERT, JEAN MARIE
STREET ADDRESS 4799 SHORELINE CIR
CITY-ST-ZIP SANFORD FL 32771

TITLE D ☐ DELETE

NAME BENJAMIN, JACKIE
STREET ADDRESS 744 SUMMERLAND DR
CITY-ST-ZIP WINTER SPRINGS FL 32780

TITLE D ☐ DELETE

NAME SHAW, STEVE
STREET ADDRESS 304 SECRET WAY CIR
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE DT ☐ DELETE

NAME KWAS, MARK
STREET ADDRESS 1984 DOWNS CT
CITY-ST-ZIP LAKE MARY FL 32746

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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: Paul Benjamin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/98 (407) 696-4888

FILED
Jul 16 1998 8:00am
Secretary of State



CR2E037 (5/98)