

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 10 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 625255 (5)**

1. Corporation Name  
**VERENA, INC.**



Principal Place of Business <b>11900 SE DIXIE HWY P O BOX 37 HOBE SOUND FL 33475-7037 US</b>	Mailing Address <b>11900 11900 SE DIXIE HWY P O BOX 37 HOBE SOUND FL 33475-0037</b>
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3. Date Incorporated or Qualified <b>06/08/1979</b>	3a. Date of Last Report <b>04/25/1996</b>
4. FEI Number <b>59-1972476</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26 P.O. Box 37</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>23</b>	City & State <b>28 Hobe Sound Fl.</b>
Zip <b>24</b>	Country <b>29 33475-0037 30 Martin</b>

9. Name and Address of Current Registered Agent

**CHOGUILL, VERENA M, II  
11970 SE DIXIE HWY  
HOBE SOUND FL 33455**

10. Name and Address of New Registered Agent

81 Name <b>CHOGUILL, VERENA I</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>11900 S.E. DIXIE HWY.</b>
83
84 City <b>HOBE SOUND</b>
85 Zip Code <b>FL 33455</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Verena Choguell* *Verena Choguell* President **1-8-97**

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	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>CHOGUILL, JOHN</b>	
STREET ADDRESS	<b>6329 N 10TH ST</b>	
CITY-ST-ZIP	<b>PHOENIX, ARZ 00000</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>CHOGUILL, VERENA M I</b>	
STREET ADDRESS	<b>17257 SE GALWAY CT</b>	
CITY-ST-ZIP	<b>JUPITER, FL 00000</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>CHOGUILL, VERENA M II</b>	
STREET ADDRESS	<b>17257 SE GALWAY CT</b>	
CITY-ST-ZIP	<b>JUPITER, FL 00000</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>Zip 85014</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<b>Zip 33469</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<b>Zip 33469</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Verena Choguell* *Verena Choguell* **1-8-97** 561 746-5444

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

CR2E034 (9/96)