


2nd NOTICE: Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount Due To Reinstate: \$703.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 OCT 13 PM 12:24

FILING FEE \$ 588.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
--------------------------------	---

1. Name and Mailing Address of Limited Liability Company VERO INVESTMENTS, L.C. 10075 SOUTH FEDERAL HIGHWAY #160 PORT ST. LUCIE FL 34952-5614	DOCUMENT # L95000000249
--	-----------------------------------

1a. Principal Place of Business Address 10075 SOUTH FEDERAL HIGHWAY # PORT ST. LUCIE FL 34952

2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.	City & State	Suite, Apt. #, etc.	City & State
Zip	Country	Zip	Country

3. Date Organized or Qualified 03/27/1995	3a. State of Formation FL
4. FEI Number 59-3310774	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 06/10/1996	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent BAILY, JAY E 46 N. WASHINGTON, SUITE 13 SARASOTA FL 34236	8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 700002322107--3 Suite, Apt. #, etc. -10/16/97--01075--003 ****588.75 ****588.75 City FL Zip Code
--	---

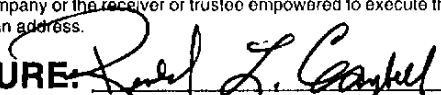
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOT Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	CAMPBELL, RONALD L	10075 SOUTH FEDERAL HIGHWAY	PORT ST. LUCIE FL

OR
10-15

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:  **Ronald L. Campbell** 10/6/97 (606)263-1991