

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

cl 3041

DOCUMENT # **M45678 (3)**
1. Corporation Name
B. N. VER PLOEG, P.A.



Principal Place of Business: **100 S.E. SECOND ST 2100 MIAMI FL 33131 US**
Mailing Address: **100 S.E. SECOND ST 2100 MIAMI FL 33131 US**

3. Date Incorporated or Qualified: **02/01/1987**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2778043	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**VER PLOEG, BRENTON N
100 S.E. SECOND ST
SUITE 2100
MIAMI FL 33131**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ DATE _____
Signature typed or printed name of registered agent and the applicable State Registered Agent signature required after recording.

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DPT DPT <input type="checkbox"/> DELETE	1.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VER PLOEG, BRENTON N. <input type="checkbox"/> Change	1.2 NAME	Williams, Anthea E.
STREET ADDRESS	100 S.E. SECOND ST	1.3 STREET ADDRESS	100 S.E. Second Street
CITY - ST - ZIP	MIAMI FL 33131-2154	1.4 CITY - ST - ZIP	Miami FL 33131-2154
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		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	600001842108 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-05/29/96--01030--005
STREET ADDRESS		6.3 STREET ADDRESS	***225.00
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Brenton N. Ver Ploeg* **Brenton N. Ver Ploeg, Dir. 4/30/96 305-577-3996**

CR2E034 (12/95)