

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

DOCUMENT # **V12330** (9)

1. Corporation Name
THE VELCON GROUP, INC.



Principal Place of Business: **718 SW PORT ST. LUCIE BLVD. SUITE F PORT ST. LUCIE FL 34953**
Mailing Address: **718 SW PORT ST. LUCIE BLVD. SUITE F PORT ST. LUCIE FL 34953**

3. Date Incorporated or Qualified: **02/07/1992**
3a. Date of Last Report: **05/01/1995**
4. FET Number: **65-0314453**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

**VELASCO, ERNESTO
718 SW PORT ST. LUCIE BLVD.
SUITE F
PORT ST. LUCIE FL 34953**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0507 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.

X SIGNATURE: *[Signature]*
Signature (typed or printed name of registered agent, not that of applicant)

(NOTE: Registered Agent Signature required when re-registering)

2/16/96
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: VELASCO, ERNESTO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 718 SW PORT ST. LUCIE BLV	CITY-ST-ZIP: PORT ST. LUCIE FL	1.2 NAME	
TITLE: S	NAME: VELASCO, NEDRA	1.3 STREET ADDRESS	
STREET ADDRESS: 718 SW PORT ST LUCIE BLVD	CITY-ST-ZIP: PORT ST LUCIE FL	1.4 CITY-ST-ZIP	
TITLE: D	NAME: VELASCO, ERNESTO SR	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 718 SW PORT ST LUCIE BLVD	CITY-ST-ZIP: PORT ST LUCIE FL	2.2 NAME	
TITLE: D	NAME: PORCH, C EDWARD	2.3 STREET ADDRESS	
STREET ADDRESS: 718 SW PORT ST LUCIE BLVD	CITY-ST-ZIP: PORT ST LUCIE FL	2.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	3.2 NAME	
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
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TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	6.2 NAME	
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	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; 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/96
DATE

CR2E034 (12/95)