

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 201596 (4)

1. Corporation Name

VEON CORPORATION



Principal Place of Business

Mailing Address

~~1855 PLYMOUTH ROAD NW~~
~~P.O. BOX 94108~~
~~ATLANTA GA 30318~~

~~1855 PLYMOUTH ROAD NW~~
~~P.O. BOX 94108~~
~~ATLANTA GA 30318~~

2. Principal Place of Business

2a. Mailing Address

21 5300 Long Island DR

26 5300 Long Island DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 ATLANTA, GEORGIA

28 ATLANTA, GEORGIA

24 30328

25 FULTON

29 30328

30 FULTON

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/15/1957

3a. Date of Last Report

01/31/1995

4. FEI Number

59-0805297

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signatures required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME SMITH, MARTIN A
STREET ADDRESS 1855 PLYMOUTH RD.
CITY-ST-ZIP ATLANTA GA

☐ DELETE

TITLE D
NAME SMITH, HELEN B
STREET ADDRESS 9801 COLLINS AVE #18F
CITY-ST-ZIP BAL HARBOUR FL

☐ DELETE

TITLE TV
NAME FINLEY, WALTER
STREET ADDRESS 1855 PLYMOUTH RD NW
CITY-ST-ZIP ATLANTA GA

☐ DELETE

TITLE SD
NAME SMITH, JUDITH
STREET ADDRESS 1855 PLYMOUTH RD NW
CITY-ST-ZIP ATLANTA GA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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 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: *Walter Finley - V.P.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96 (404) 351-9780
Date Daytime Phone

CR2E034 (12/95)