

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

FILED

May 06 1997 8:00am
Secretary of State



FLORIDA DEPARTMENT OF STATE
Sandra D. ...
Secretary of State
DIVISION OF CORPORATIONS

ANNUAL REPORT
1997

DOCUMENT # 319085

(7)

1. Corporation Name

VERN ENTERPRISES, INC.

Principal Place of Business

6120 NO FEDERAL HWY
BOCA RATON FL 33487

Mailing Address

6120 NO FEDERAL HWY
BOCA RATON FL 33487-3939

3. Date Incorporated or Qualified

07/21/1967

3a. Date of Last Report

04/19/1996

4. FEI Number

59-1168417

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

WINTERMUTE, PATRICIA
155 NEPTUNE DR
HYPOLUXO FL 33462

10. Name and Address of New Registered Agent

VERN W. Wintermute

82 Street Address (P.O. Box Number is Not Acceptable)

7320 N.E. 8th Ct.

83

84

BOCA RATON

FL

85 Zip Code

33487

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **WINTERMUTE, PATRICIA V**
STREET ADDRESS **155 NEPTUNE DR.**
CITY-ST-ZIP **HYPOLUXO, FL 00000**

TITLE **TD** ☒ DELETE
NAME **WINTERMUTE, PATRICIA V**
STREET ADDRESS **155 NEPTUNE DR.**
CITY-ST-ZIP **HYPOLUXO, FL 00000**

TITLE **V** ☐ DELETE
NAME **WINTERMUTE, VERN W**
STREET ADDRESS **7320 NE 8TH CT**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **S** ☒ DELETE
NAME **WINTERMUTE, PATRICIA V**
STREET ADDRESS **155 NEPTUNE DRIVE**
CITY-ST-ZIP **HYPOLUXO, FL 00000**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRES.** ☒ Change ☐ Addition
1.2 NAME **VERN W. Wintermute**
1.3 STREET ADDRESS **7320 N.E. 8th Ct.**
1.4 CITY-ST-ZIP **BOCA RATON FL. 33487**

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 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:

SIGNATURE REQUIRED

Date

Daytime Phone #

4-10-97 561997 9444

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CR2E034 (9/96)