

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1999.
AMOUNT DUE ON OR BEFORE 8/9/99: \$375 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 339483

(0)

95 JUN 30 AM 9:21

1. Corporation Name

VERO VENTURES INC

Principal Place of Business

2146 CENTER DR
VERO BEACH FL 32980

Mailing Address

2146 CENTER DR
VERO BEACH FL 32980

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1969

3a. Date of Last Report

04/29/1994

4. FEI Number

59-1229975

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

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

25

State, Apt. #, etc.

26

City & State

27

Zip

Country

28

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COOKSEY, B T
2102 VICTORY BLVD
VERO BEACH FL 32960

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 of Agent or printed name of registered agent and the FEI Number

Signature of Registered Agent (signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. AGENTS, ATTORNEYS, ACCOUNTANTS, AND OTHER ADVISORS

TITLE	PD
NAME	MORTON JR, HORACE H
STREET ADDRESS	18 SAILFISH RD.
CITY, ST, ZIP	VERO BEACH FL
TITLE	D
NAME	COOKSEY, B T
STREET ADDRESS	2102 VICTORY BLVD.
CITY, ST, ZIP	VERO BEACH FL
TITLE	D
NAME	MORTON, THERESA D
STREET ADDRESS	18 SAILFISH RD.
CITY, ST, ZIP	VERO BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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 hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 Article 12 or Article 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR

6/30/95

Signature of Agent