## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

	1997	(A)	SOUTH THE	DIVISION OF	CORPOR	ATIONS	SECRETARY O	FSTATE
DOCUMENT # 629917 (6)							SECRETARY OF TALLAHASSEE.	FLORIDA
1. Corporatio	n Namo	# <b>029</b> 9	7   7	(6)				
VER-VA	L ENTER	PRISES INC.					1	:
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	2.1							
Principal Plac	e of Busines	s	Mai	iling Address			I TODISO DELLO INDIO IDIDE SIDELE FE	al aradi arbit arbit sisis arail sible (61)
91 HILL AVE				HILL AVE				
P. O. BOX 45		10.4550		P. O. BOX 4550 FT WALTON BCH. FL 32549-4550			DO NOT WOITE	E IN THIS SPACE
FT WALTON BCH. FL 32549-4550 US				US US			3. Date Incorporated or Qualified	3a. Date of Last Report
			**				07/18/1979	06/27/1996
2. Principal Place of Business			2e.	2a. Mailing Address			4. FEI Number	Applied For
21			26	26			59-1928320	Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
	22			27			-	Fee Hequired
City & State	City & State			City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip		Country		Zip	Cou	nlry	8. This corporation owes or has pa	
24		25	29	····	30		Personal Property Tax due June	
		and Address of C	Current Registe	ered Agent		81 Name	10. Name and Address of New Re	egistered Agent
	TH JR, NA					81 Name		
	HILL AVEN					82 Street Address (P.O. Box Number is Not Acceptable)		
FI	WALIUN D	ICH FL 32548			}	83		
						84 City		B5 Zip Code
11. Pursuap	to he provis	ions of Sections 60	07.0502 and 60	7.1508, Florida Stati	utes, the ab	ove-named co	orporation submits this statement for the	purpose of changing its registered
11. Pursuant office or r agent. I a	to he provis registered ag m familiar wi	ions of Sections 60 ont, or both, in the ith, and accept the	07.0502 and 60 State of Florida Obligation of,	7.1508, Florida Stati a. Such change was Section 107 1005, F	utes, the ab authorized Tor <b>0</b> a Stati	pove-named co to by the corpo utes:	orporation submits this statement for the pration's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered
	to the provis registered ag im familiar wi	sions of Sections 60 pont, or bolh, in the lith, and accept the	07.0502 and 60 State of Florida Obligation of,	ril lis	את של	Tan. 1-	orporation submits this statement for the pration's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered 0-21-1997
SIGNATURE	>#U	or printed name of registe	ered agent and tills if	applicable. (N.	OTE: Registered	Tan. 1-	Plasurer / quired when reinstating)	0-21-1997 DATE
SIGNATURE	Signature, typed	or printed name of registe	1	applicable. (NC	TF Registered	lary =	Reasurer /	DATE CERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typed	or printed name of register	ered agent and tills if	applicable. (N.	13. 1.1 TR	lary C Agont Singure 10	Plasurer / quired when reinstating)	0-21-1997 DATE
SIGNATURE 12. TITLE NAME	Signature, typed PD SMITH J	or printed name of register  OFFICER	ered agort and tille II	applicable. (NC	13. 1.1 TR	LATURE TO AGENT AG	Plasurer / quired when reinstating)	DATE CERS AND DIRECTORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS	PD SMITH J 949 POC	or printed name of register	ered agort and tille II	applicable. (NC	13. 1.1 TR 1.2 NA 1.3 STI	lary C Agont Singure 10	Plasurer / quired when reinstating)	DATE CERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME	PD SMITH J 949 POO FT WALT	OFFICER  OFF	ered agort and tille II	applicable. (NC	13. 1.1 TR 1.2 NA 1.3 STI	Agon: Adoptive to  LE  ME  REET ADDRESS  Y-ST-ZIP	quired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTORS IN 12 Change Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH J 949 POC FT WALT STD SMITH,	OFFICER  IR, NATHANIEL CAHONTAS DRIV TON BCH, FL 00  JANNIE V	ered agort and tille II	epplication (NX I ORS DELETE	13. 1.3 TR 1.2 NA 1.3 STI 1.4 CR	Agon: Adoptive to  LE  ME  REET ADDRESS  Y-ST-ZIP	quired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTORS IN 12 Change Addition
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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 receivor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE

CITY-ST-ZIP

APPROVED AND FILED

1997 OCT 23 PM 12: 30