


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90077 009 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 633015			
1. Corporation Name VERDEL, INC.			
Principal Place of Business 3000 GATEWAY DR. POMPANO BCH. FL 33069		Mailing Address 3000 GATEWAY DR. POMPANO BCH. FL 33069	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 4030 N.E. JOE'S POINT RD Suite, Apt. #, etc. 22 City & State 23 STUART, FL Zip Country 24 34996 25 MARTIN		2a. Mailing Address 26 4030 N.E. JOE'S POINT RD Suite, Apt. #, etc. 27 City & State 28 STUART, FL Zip Country 29 34996 30 MARTIN	
9. Name and Address of Current Registered Agent BEARD, VERNON D 3000 GATEWAY DRIVE POMPANO BCH. FL 33069		10. Name and Address of New Registered Agent 81 Name Same Name 82 Street Address (P.O. Box Number is Not Acceptable) 4030 N.E. JOE'S POINT ROAD 83 84 City STUART FL 85 Zip Code 34996	
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEARD, VERNON D.	1.2 NAME	
STREET ADDRESS	3000 GATEWAY DRIVE	1.3 STREET ADDRESS	4030 N.E. JOE'S POINT ROAD
CITY-ST-ZIP	POMPANO BCH. FL	1.4 CITY-ST-ZIP	STUART, FL 34996
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEARD, REDA D.	2.2 NAME	
STREET ADDRESS	3000 GATEWAY DRIVE	2.3 STREET ADDRESS	4030 NE JOE'S POINT ROAD
CITY-ST-ZIP	POMPANO BCH. FL	2.4 CITY-ST-ZIP	STUART, FL 34996
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEARD, DONESE K.	3.2 NAME	
STREET ADDRESS	1331 N.W. 50 AVE.	3.3 STREET ADDRESS	131 N.W. 73 TERRACE
CITY-ST-ZIP	LAUDERHILL FL	3.4 CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

Reda D. Beard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
REDA D. BEARD

Date

Daytime Phone #

4-15-99 561-225-8978

CR2EN34 (11/02)