


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **759875** (8)

1. Corporation Name

**VERO BEACH JAYCEES, INC.**

Principal Place of Business

6780 26TH ST.  
P O BOX 1671  
VERO BEACH FL 32961

Mailing Address

6780 26TH ST.  
P O BOX 1671  
VERO BEACH FL 32961



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/02/1981</b>		3a. Date of Last Report <b>07/25/1995</b>	
21		26		4. FEI Number <b>59-6004565</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24	Zip	25	Country	29	Zip	30	Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**SULLIVAN, CHARLES A, JR**  
**1601 20TH STREET**  
**VERO BEACH FL**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	PD	1.1 TITLE	Sue Hammond PO
NAME	OWENS, CHARLES III	1.2 NAME	581 PINK AVE
STREET ADDRESS	296 14TH AVENUE	1.3 STREET ADDRESS	SEB, FL 32958
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	SEB, FL 32958
TITLE	SD	2.1 TITLE	Michelle Raymond SD
NAME	KIRBY, PEGGY	2.2 NAME	581 PINK AVE
STREET ADDRESS	230 11TH COURT	2.3 STREET ADDRESS	SEB, FL 32958
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	SEB, FL 32958
TITLE	T	3.1 TITLE	Treasurer
NAME	ROBERTS, JACKIE	3.2 NAME	Tim Jobe
STREET ADDRESS	750 49TH AVENUE	3.3 STREET ADDRESS	112 OGDEN AVE
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	SEB, FL 32958
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Susan H. Hammond*  
SUSAN H. HAMMOND

Date

Daytime Phone #

CR2E037 (3/96)