

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H44706** (0)

1. Corporation Name

VERO DRIFTWOOD, INC.



Principal Place of Business

Mailing Address

% LAUREN B. KOONIN
325 FIFTH AVENUE
INDIALANTIC FL 32903

% LAUREN B. KOONIN
325 FIFTH AVENUE
INDIALANTIC FL 32903

3. Date Incorporated or Qualified
02/27/1985

3a. Date of Last Report
01/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FET Number

59-2499182

Applied For

Not Applicable

State, Apt. #, etc.

State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOONIN, LAUREN B.
325 FIFTH AVENUE
INDIALANTIC FL 32903

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

(Print Name of Tax Preparer and Registered Agent on the back of this form.) (Print Name of Agent Signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
SDT
THOMPSON, C. WAYNE
STREET ADDRESS
325 FIFTH AVENUE
CITY-STATE-ZIP
INDIALANTIC FL

TITLE ☐ DELETE

NAME
AS
GOLLEHON, LINDA
STREET ADDRESS
4116 N. OCEAN DR., SUITE 700
CITY-STATE-ZIP
LAUDERDALE BY THE SEA FL

TITLE ☐ DELETE

NAME
ASV
HENDERSON, CHARISSE A.
STREET ADDRESS
325 FIFTH AVENUE
CITY-STATE-ZIP
INDIALANTIC FL

TITLE ☐ DELETE

NAME
V
KOONIN, LAUREN B.
STREET ADDRESS
325 FIFTH AVENUE
CITY-STATE-ZIP
INDIALANTIC FL

TITLE ☐ DELETE

NAME
PD
FAUST, CHARLES R
STREET ADDRESS
4116 N. OCEAN DR., SUITE 700
CITY-STATE-ZIP
LAUDERDALE BY THE SEA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1. TITLE ☐ Change ☐ Addition

1.1 NAME
1.2 STREET ADDRESS
1.3 CITY-STATE-ZIP

2. TITLE ☐ Change ☐ Addition

2.1 NAME
2.2 STREET ADDRESS
2.3 CITY-STATE-ZIP

3. TITLE ☐ Change ☐ Addition

3.1 NAME
3.2 STREET ADDRESS
3.3 CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition

4.1 NAME
4.2 STREET ADDRESS
4.3 CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

5.1 NAME
5.2 STREET ADDRESS
5.3 CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition

6.1 NAME
6.2 STREET ADDRESS
6.3 CITY-STATE-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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-96

407 725-9500

CR2E034 (12/95)