

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

**FILED**  
**Apr 16 1998 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # H54085 (6)**

1. Corporation Name

Vero Dunes Venturer, Inc.

Principal Place of Business

Mailing Address

1615 S. Congress Ave. 1615 S. Congress Ave.  
 Suite 200 Suite 200  
 Delray Bch., FL 33445 Delray Bch., FL 33445

3. Date Incorporated or Qualified  
 04/26/1985

3a. Date of Last Report  
 01/97

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

25-1513428

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No *part of consid.*

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT Corporation System  
 1200 S. Pine Island Road  
 Plantation, FL 33324

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, 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 P  DELETE  
 NAME Dunlap, Albert J.  
 STREET ADDRESS 1615 S. Congress Ave. Ste 200  
 CITY - ST - ZIP Delray Beach, FL 33445

1.1 TITLE  Change  Addition

TITLE V  DELETE  
 NAME Totte, Robert P.  
 STREET ADDRESS 1615 S. Congress Ave. Ste 200  
 CITY - ST - ZIP Delray Beach, FL 33445

1.2 NAME

TITLE TD  DELETE  
 NAME Kersh, Russell A.  
 STREET ADDRESS 1615 S. Congress Ave. Ste 200  
 CITY - ST - ZIP Delray Beach, FL 33445

1.3 STREET ADDRESS

TITLE SD  DELETE  
 NAME Fannin, David  
 STREET ADDRESS 1615 S. Congress Ave. Ste 200  
 CITY - ST - ZIP Delray Beach, FL 33445

1.4 CITY - ST - ZIP

TITLE  DELETE

2.1 TITLE  Change  Addition

TITLE  DELETE

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

600002491406  
 -04/17/98--01001--033  
 150.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

*Robert P. Totte*

Robert P. Totte VP

4/3/98

(561) 243-2134

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)