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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR -4 AM 11: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H85314** (3)

1. Corporation Name
VERO CRICKET TOO, INC.

Principal Place of Business % ROBERT L. CORSER POST OFFICE BOX 400 VERO BCH. FL 32901	Mailing Address % ROBERT L. CORSER POST OFFICE BOX 400 VERO BCH. FL 32901
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 3143 OCEAN DRIVE	2a. Mailing Address 26 1025 EASTER LILY LANE	3. Date Incorporated or Qualified 11/14/1985	3a. Date of Last Report 05/01/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 # 7	4. FEI Number 59-2619375	Applied For <input type="checkbox"/> Not Applicable
City & State 23 VERO BEACH, FL	City & State 28 VERO BEACH, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 24 32963	Country 25	Zip 29 32963	Country 30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**CORSER, ROBERT L.
3143 OCEAN DR.
VERO BCH. FL 32963**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83 1807 32ND AVENUE	
84 City VERO BEACH FL	32960

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 _____ DATE _____
Signature: Typed or printed name of registered agent and FEI # if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PO	NAME CORSER, ROBERT L.	11 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3143 OCEAN DR.		12 NAME	
CITY - ST - ZIP VERO BCH. FL		13 STREET ADDRESS 1807 32ND AVENUE	
		14 CITY - ST - ZIP VERO BEACH, FL 32960	
TITLE		21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE		31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information provided with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 (change or addition) as indicated.

SIGNATURE: X *Robert L. Corser*
PRINT NAME AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
ROBERT L. CORSER, PRESIDENT

3/28/95 407-234-1738