

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 16 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H85314 (3)

1. Corporation Name
VERO CRICKET TOO, INC.

Principal Place of Business 1025 EASTER LILY LANE. #7 VERO BEACH FL 32963 US	Mailing Address 1025 EASTER LILY LANE. #7 VERO BEACH FL 32963 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

1225 7th Rd S.W.
Vero Beach FL
32962 USA.

3. Date Incorporated or Qualified 11/14/1985	
4. FEI Number 59-2619375	Applied For <input type="checkbox"/> Not Applicable
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	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORSER, ROBERT L. 1807 32ND AVENUE VERO BCH. FL 32960	81 Name Corser Robert L.	82 Street Address (P.O. Box Number is Not Acceptable) 1225 7th Rd S.W.	83	84 City Vero Beach	85 Zip Code FL 32962
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10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: *Robert L. Corser* DATE: *7-8-98*

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 <input type="checkbox"/> DELETE	1.1 TITLE	<i>Pres.</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORSER, ROBERT L.	1.2 NAME	<i>Robert L. Corser</i>
STREET ADDRESS	1025 EASTER LILY LANE. #7	1.3 STREET ADDRESS	<i>1225 7th Rd. S.W.</i>
CITY-ST-ZIP	VERO BEACH FL 32963	1.4 CITY-ST-ZIP	<i>Vero Beach FL 32962</i>
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<i>Sec.</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUMMINTGS, LULA ANN	2.2 NAME	<i>Lula Ann Corser</i>
STREET ADDRESS	1025 EASTER LILY LANE. #7	2.3 STREET ADDRESS	<i>1225 7th Rd S.W.</i>
CITY-ST-ZIP	VERO BEACH FL 32963	2.4 CITY-ST-ZIP	<i>Vero Beach, FL 32962</i>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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.

SIGNATURE: *Robert L. Corser* DATE: *7/8/98* *561-562-3096*

CR2E034 (5/98)