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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

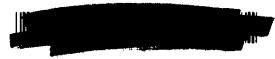
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

K91093

VERRANDEAUX CHAPLING AND ALTHERISMING, INC.

FILED Apr 30 1998 8:00am Secretary of State



	_	in nortice florts	, 44 %		
Principal Place of Business Mailing Address				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
8315 SE 12 CT OCALA FL 34480 US		8315 SE 12 CT OCALA FL 34480 US			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					05/26/1989
2. Principal Place of Business 2a. Mailing Address		——————————————————————————————————————			4. FEI Number Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.			59-2951826 Not Applicable \$8.75 Additional
22 27					5. Certificate of Status Desired Fee Required
City & State City & State				Election Campaign Financing \$5.00 May Be	
23 28		28			Trust Fund Contribution Added to Fees
Zip	Country Zip		Cour	try	8. This corporation owes or has paid the current year Intangible
24	25 29 30		30		Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent
 HIGGINS, MARY VERRANDO 				Name	•
4 8315 SE 12 CT			į.	B2 Street A	ddress (P.O. Box Number is Not Acceptable)
₂ 00	CALA FL 34480		-	83	
			ľ		
				B4 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 a	······································		Agent signature r	equied when reinstating) DATE
12.		ND DIRECTORS DELETE	13.	<u>- </u>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	D HIGGINS, MARY VERRANDO		1.1 1(1)		Change C Addition
NAME OTREET ARRESTS	55.5 50 15.50		1.2 NAI		
STREET ADDRESS	0CALA FL			EET ADDRESS	
CITY-ST-ZIP TITLE	D	DELETE	2.1 7171	r-ST-ZIP	☐ Change ☐ Addition
NAME	HIGGINS, ROBERT	—	2.2 NAI	j	
STREET ADDRESS				EET ADDRESS	
CITY-ST-ZIP	åou e			Y-ST-ZIP	
TITLE	ينور	□ DELETÉ	3.1 TITI		Change Addition
NAME			3.2 NAI	AE	
STREET ADDRESS	333		3.3 STA	EET ADDRESS	
CITY-ST-ZIP	<u> </u>		3.4. CIT	Y-ST-ZIP	
TITLE		[] DELETE	4.1 TIT	E [☐ Change ☐ Addition
NAME	:		. 4.2 NA		
STREET ADDRESS			4.3 STF	EET ADDRESS	
CITY-ST-ZIP	- <u>-</u> .	D DC) CYP		r-st-zip	
TITLE		☐ DELETE	5.1 101	_	□ shage □ didition
NAME			5.2 NAI		
STREET ADDRESS				EET ADDRESS	<i> ///</i> // <i>S/</i>)
CITY-ST-ZIP TITLE		DELETE	5.4 CIT	r-ST-ZIP	ZOOOD ZEGOOZETRANGE Addition
NAME		L. DICCIL	6.2 NAM	1	7000025099/Prange DAddition -05/04/9801097029
STREET ADDRESS				EET ADDRESS	***150.00
City-St-ZIP	,			(-SI-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 Justee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed, or on an attackine my with an address.