SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

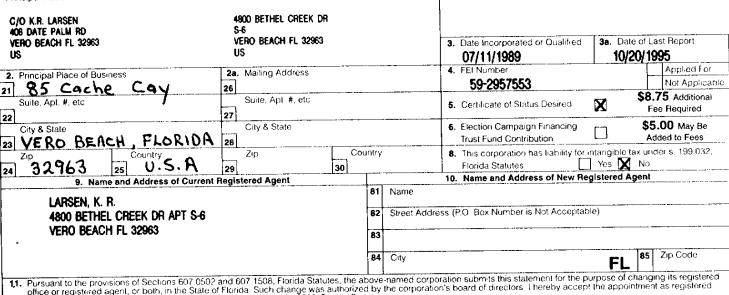
DIVISION OF CORPORATIONS

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DOCUMENT # L01796

(6)

1. Corporation Hame	• •	
VERO SUNRISE, INC.		
Principal Place of Business	Mailing Address	



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, typed or printed numer of registered agent and file if a		Rogistered Agent signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND DIRECT		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1 1 117LE	Change T Moniton
NAME	FOGH, HANS		1.2 NAME	
STREET ADDRESS	2242 LAKESHORE BLVD WEST		1 3 STREET ADDRESS	
CITY - ST - ZIP	TORONTO, ONT., CANADA		14 CITY - ST - ZIP	Characteristics
TITLE	VP	DELETE	2 1 1/16	Change Adoition
NAME	LARSEN, K. R.		2 2 NAME	
STREET ADDRESS	4800 BETHEL CREEK DR APT S-6		2 3 STREET ADORESS	
CITY-ST-ZIP	VERO BEACH FL		2 4 CITY - ST - ZIP	
TITLE		DELETE	3 1 TITLE	Change Addition
NAME			3 2 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY+ST-ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4 2 NAME	
STREET ADDRESS			4 3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	
TITLE		DELETE	5 1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS	k .		53 STREET ADDRESS	
CITY-ST-ZIP			5 4 CHY - ST - ZIP	
TITLE		DELETE	6 I TITLE	Change Additio
NAME	Į		6 2 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	
CITY-ST-ZIP			6 4 CITY - ST - ZIP	

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 of supplemental annual report is true and accurate and triat my signature shall have the same legal effect as if made under oath, that I am an officer or injector of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes and that my name appears in Block 13 if changed or on an attachment with an address

SIGNATURE:

HANS FOGH) June 21/96 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR