FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED

TALLAHASSEE, FLORIDA

DOCUMENT # L42989 (8)

1. Corporation Name

VERO INNS, INC.

Principal Place of Business	Mailing Address
7380 SAND LAKE ROAD SUITE ~~115~~ 110 ORLANDO FL 32819	7380 SAND LAKE ROAD SUITE ~~115~~ 110 ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
01/17/1990	02/10/1994

4. FEI Number: 59-3042285 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for a tangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

SHAIKH, TERRY M.
7380 SAND LAKE RD., STE. ~~115~~ 110
ORLANDO FL 32819

10. Name and Address of New Registered Agent

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 ____ DATE ____

12. OFFICERS AND DIRECTORS	
TITLE	CD
NAME	HASHWANI, NADIA
STREET ADDRESS	7380 SAND LAKE RD. #~~115~~ 110
CITY-ST-ZIP	ORLANDO FL
TITLE	PSD
NAME	SHAIKH, TERRY, M
STREET ADDRESS	7380 SAND LAKE RD. #~~115~~ 110
CITY-ST-ZIP	ORLANDO FL
TITLE	TD
NAME	LOONEY, JACQUELINE M.
STREET ADDRESS	7380 SAND LAKE RD. #~~115~~ 110
CITY-ST-ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (☐ Change ☐ Addition): 1 TITLE, 1 NAME, 1 STREET ADDRESS, 1 CITY-ST-ZIP … 6 TITLE, 6 NAME, 6 STREET ADDRESS, 6 CITY-ST-ZIP (blank)

14. 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(1)(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 on an attachment with an address.

SIGNATURE: Jacqueline M. Looney — 4/28/95 — 407-351-5010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Jacqueline M. Looney

0062069 CP