

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P35266** (6)
1. Corporation Name
VERIDIEN CORPORATION



Principal Place of Business Mailing Address
**11800 28TH ST. N.
ST. PETERSBURG FL 33716
US** **11800 28TH ST. N.
ST. PETERSBURG FL 33716
US**

3. Date Incorporated or Qualified **08/27/1991** 3a. Date of Last Report **06/14/1995**
4. FEI Number **65-0278272** 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 intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **800 Sarasota Quay** 26 **800 Sarasota Quay**
State, Apt. #, etc. State, Apt. #, etc.
22 City & State 27 City & State
23 **Sarasota, FL 34236** 28 **Sarasota, FL 34236**
Zip Country Zip Country
24 **34236** 25 **US** 29 **34236** 30 **US**

g. Name and Address of Current Registered Agent

**HICKS, WILLIAM H
11800 28TH STREET NORTH
ST. PETERSBURG FL 33716**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
800 Sarasota Quay
83
84 City **Sarasota** 85 Zip Code **FL 34236**

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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of officer or director named as registered agent. (If the corporation)

(NOTE: Registered Agent signature required when removing)

DATE

William H. Hicks **1/22/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIEST, JOHN	1.2 NAME	
STREET ADDRESS	11800 28TH STREET NORTH	1.3 STREET ADDRESS	800 Sarasota Quay
CITY-STATE-ZIP	ST. PETERSBURG FL 33716	1.4 CITY-STATE-ZIP	Sarasota, FL 34236
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, PAUL	2.2 NAME	
STREET ADDRESS	11800 28TH STREET NORTH	2.3 STREET ADDRESS	800 Sarasota Quay
CITY-STATE-ZIP	ST PETERSBURG FL 33716	2.4 CITY-STATE-ZIP	Sarasota, FL 34236
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITTER, ALFRED	3.2 NAME	
STREET ADDRESS	11800 28TH STREET NORTH	3.3 STREET ADDRESS	800 Sarasota Quay
CITY-STATE-ZIP	ST PETERSBURG FL 33716	3.4 CITY-STATE-ZIP	Sarasota, FL 34236
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLICH, PHILIP	4.2 NAME	
STREET ADDRESS	11800 28TH STREET NORTH	4.3 STREET ADDRESS	800 Sarasota Quay
CITY-STATE-ZIP	ST PETERSBURG FL 33716	4.4 CITY-STATE-ZIP	Sarasota, FL 34236
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLUSSEL, MARK	5.2 NAME	
STREET ADDRESS	11800 28TH STREET NORTH	5.3 STREET ADDRESS	800 Sarasota Quay
CITY-STATE-ZIP	ST PETERSBURG FL 33716	5.4 CITY-STATE-ZIP	Sarasota, FL 34236
TITLE	S	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, WILLIAMS	6.2 NAME	
STREET ADDRESS	11800 28TH STREET NORTH	6.3 STREET ADDRESS	800 Sarasota Quay
CITY-STATE-ZIP	ST. PETERSBURG FL 33716	6.4 CITY-STATE-ZIP	Sarasota, FL 34236

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(3)(k), 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:

William H. Hicks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William H. Hicks

1/22/96 **904-365-3099**
Date Daytime Phone #

CR2E034 (12/95)