PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000002978**1. Corporation Name

VERLY INCORPORATED

VLIICI II	WOOTH OHATED						
Principal Place	of Business	Mailing Address				'il edili adıla itala talı	
747 N WASHINGTON BLVD 747 N WASHINGTON BLVD							
SARASOTA FL 34236 SARASOTA FL 34236					DO NOT WRITE IN THIS SPACE		
us		US			3. Date Incorporated or Qualifed		
					01/13/1993		ł
2. Bringing Bl	one of Puninger	2a. Mailing Address			4. FEI Number	- Ar	plied For
_ `	ace of Business	— °			65-0379920	 	ot Applicable
21	# -1-	Suite, Apt. #, etc.	 -			\$8.75	Additional
Suite, Apt.	w, etc.	27			5. Certifcate of Status Desired		equired
City & State		City & State			6. Election Campaign Financing	\$5.00	May Re
<u> </u>	•	28			Trust Fund Contribution	Added	
Zip	Country	Zip	Country		8. This corporation owes the current y	ear Intangible	
· ·	25	29 3	_ ′		Personal Property Tax.	∐Yes	□No
24	9. Name and Address of Curre		V I		10. Name and Address of New Regis	stered Agent	
	0. 1101110		81 N	Name			
WEB	ER, J E				(D.D. D. M. J. N. A Mahla)		
747 N WASHINGTON BLVD				82 Street Address (P.O. Box Number is Not Acceptable)			
	ASOTA FL 34236		83				
i			84 (City		FL 85 Zip	Code
		O - + OOT 4FOO FILES OF	Ab		oration submits this statement for the purp		registered
l office or n	egisfelled agent, or both, in the State mamiliar with, and accept the obligations are stated agent to the state of the sta	of Florida. Such change was auti- ations of, Section 607.0505, Florid	nonzea by the	e corporation	n's board or directors. Thereby accept the	e appointment as re	gistered
12.		ND DIRECTORS	13.		ADDITIONIC/OUTANICES TO OFFICE	RS AND DIRECTO	DRS IN 12
TILE	p/	DELETE	1,1 TITLE	T Co	SCHOOL Secretary	☐ Change	Addition
NAME	VERLY, FRANCOIS A		1.2 NAME	''?	7		
Į l	752 CONNEMARA CT	•	1.3 STREET AD	XORESS	Je water	21.1	ŀ
STREET ADDRESS			1.4 CITY-ST-ZI	(1942 Monday CHS	7/2.	
CITY-ST-ZIP TITLE			2.1 TITLE	-	ZAVOZOTA FC 8	Change	☐ Addition
) i	·		2.2 NAME				
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STREET ADDRESS				1	_		
CITY-ST-ZIP			2.4 CITY-ST-Z	الم		Change	Addition
TITLE		□ nereie					
NAME	l		3.2 NAME				
STREET ADDRESS			3,3 STREET AD				
CITY-ST-ZIP		□ DELETE	3.4. CITY-ST-Z	ÚP		☐ Change	Addition
TITLE		☐ DELETE	4.1 TITLE			□ change	[
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET AD				ţ
CITY-ST-ZIP			4.4 CITY-ST-Z	1P			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME		A Committee of the second	5.2 NAME				Ì
STREET ADDRESS			5.3 STREET AD	XORESS			
CITY-ST-ZIP			5.4 CITY+ST-Z	JP			
TITLE		□ DELETE	6.1 TITLE			☐ Change	Addition

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 on pretractiment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90110 049 ***150.00