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CORPORATION ANNUAL REPORT

1996



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

**DOCUMENT #** 

Corporation Name

**SIGNATURE:** 

P9300005339 (5)

VERO ASSOCIATES, INC.

Principal Place of Business Mailing Address 555 HONEYSUCKLE LANE 555 HONEYSUCKLE LANE VERO BEACH FL 32963 VERO BEACH FL 32963 3. Date Incorporated or Qualified 3a. Date of Last Report 01/19/1993 01/23/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3163758 21 26 Not Applicable Suite Apt # etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip \_ Country Zio Country 8. This corporation has liability for intangible tax under s 199.032, 24 Yes No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DEL GAUDIO, ANTHONY J Street Address (P.O. Box Number is Not Acceptable) 82 555 HONEYSUCKLE LANE 83 VERO BEACH FL 32963 84 City 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 agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (12/95)12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1. 1 TITLE Change ☐ Addition DEL GAUDIO, ANTHONY J NAME 1.2 NAME CR2E034 555 HONEYSUCKLE LANE STREET ADDRESS 1.3 STREET ADDRESS VERO BEACH FL 32963 CiTY-ST-ZiP 1.4 CITY-ST-ZIP DELETE TITLE 2 1 TITLE Change Addition DEL GAUDIO, JOAN NAME 2 2 NAME 555 HONEYSUCKLE LANE STREET ADDRESS 2.3 STREET ADDRESS VERO BEACH FL CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Addition TITLE 3 1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST - ZIP TITLE ☐ DELETE ☐ Addition 4. 1 TITLE Change NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **5 3 STREET ADDRESS** CHTY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ☐ Change TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS DITY-ST-ZIP 6.4 CITY - ST - ZIP 14. Ldo 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 in an antachment with an address.

1213/DENT

Daytime Phone #

ATURE AND WHED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR