

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000028200 (2)**

1. Corporation Name  
**VERO/FIDOREO LS, INC.**



Principal Place of Business <b>% FIRST FIDELITY BANCORPORATION 550 BROAD ST B55015 NEWARK NJ 07102</b>	Mailing Address <b>% FIRST FIDELITY BANCORPORATION 550 BROAD ST B55015 NEWARK NJ 07102-4517</b>	3. Date Incorporated or Qualified <b>04/15/1993</b>	3a. Date of Last Report <b>04/29/1996</b>
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2. Principal Place of Business 21 Suite Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite Apt. #, etc. 27 City & State 28 Zip 29 Country	Bank/EI Number <b>58-2049817</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	P
NAME	MURPHY, FRANCIS X	1.2 NAME	Leonard Amsterdam
STREET ADDRESS	550 BROAD ST	1.3 STREET ADDRESS	123 South Broad Street
CITY-ST-ZIP	NEWARK NJ	1.4 CITY-ST-ZIP	Philadelphia, PA 19109
TITLE	DV	2.1 TITLE	V
NAME	SLATER, ROBERT L	2.2 NAME	James D. Brett
STREET ADDRESS	550 BROAD ST	2.3 STREET ADDRESS	123 South Broad Street
CITY-ST-ZIP	NEWARK NJ	2.4 CITY-ST-ZIP	Philadelphia, PA 19109
TITLE	S	3.1 TITLE	
NAME	BICKET, PATRICIA A	3.2 NAME	
STREET ADDRESS	550 BROAD STR	3.3 STREET ADDRESS	190 River Road
CITY-ST-ZIP	NEWARK NJ	3.4 CITY-ST-ZIP	Summit, NJ 07901
TITLE	T	4.1 TITLE	V
NAME	BLASS, PAUL J	4.2 NAME	
STREET ADDRESS	123 SO BROAD STR, PMBO 11	4.3 STREET ADDRESS	301 South Tryon Street
CITY-ST-ZIP	PHILADELPHIA PA	4.4 CITY-ST-ZIP	Charlotte, NJ 28288
TITLE	T	5.1 TITLE	
NAME	BURRIESCI, ANTHONY R	5.2 NAME	
STREET ADDRESS	570 BROAD STR, A57007	5.3 STREET ADDRESS	190 River Road
CITY-ST-ZIP	NEWARK NJ	5.4 CITY-ST-ZIP	Summit, NJ 07901
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 included 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: *Patricia A. Bicket*  
PATRICIA A. BICKET

April 1, 1997 908-598-3195

Date

Daytime Phone #

0003141

CR2E034 (9/96)