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	#	P9400068010	(5)

1. Corporation f	VERO CORP.	00068010 (5))	1 #4811884 NB 1811 8181 4811 8181 8181	
Principal Place of	of Business	Mailing Address		I TORKTORE RO INIII TERRE COME CUIT	BB B B B
6851 S.W. 215		6851 S.W. 21ST COUI BAY #4	श		
DAVIE FL 333	17	DAVIE FL 33317		3. Date Incorporated or Qualified	3a. Date of Last Report
				09/15/1994	07/27/1995
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEt Number	Applied For
21		26		65-0534398	Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	55.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25	29	30	Florida Statutes Yes 10. Name and Address of New F	No
	9. Name and Address of Curre	ent Registered Agent	B1 Nam		legistered Agent
					Jo)
), ROBERT LEE		82 Stree	t Address (P.O. Box Number is Not Acceptat	яе)
	LM BEACH LAKES BLVD.		83		
SUITE 60	JU ALM BEACH FL 33401		84 City		85 Zip Code
•			1 1 '		FL I'' I
11. Pursuant to or registere familiar with	o the provisions of Sections 607.05 ad agent, or both, in the State of Fic n, and accept the obligations of, Se	02 and 607.1508, Florida Statul orida. Such change was authori, ction 607.0505, Florida Statute:	tes, the above-named sed by the corporation s.	corporation submits this statement for the pure sound of directors. I hereby accept the app	rpose of changing its registered office ointment as registered agent. I am
SIGNATURE _	Signature, typed or printed name of registered ag	ent and title if applicable. (N	OTE Registered Agent signatur	e required when reinstating)	DATE
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1. 1 TITLE		Change Addition
NAME	SADKIN, S. MARTIN		1.2 NAME		•
STHEET ADDRESS	6851 S.W. 21ST COURT, E	JAY 4	1.3 STREET ADDRES	\$	
CHY-ST-ZIP	DAVIE FL 33317	[] DELETE	1.4 CITY - ST - ZIP 2. 1 TITLE		☐ Change ☐ Addition
TITLE			2.2 NAME		
NAME PROTECT ADDRESS			2 3 STREET ADDRES	s	
STREET ADDRESS CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3. STREET ADDRES	ss	
CITY - ST - ZIP			3.4 CITY - ST - ZIP		
THILE		☐ DELETE	4. 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4 3 STREET ADDRES	s	
CITY - ST - ZIP		E DECEME	4.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	5 1 TITLE		C) orange C readon
NAME			5.2 NAME 5.3 STREET ADDRES	20.0	
STREET ADDRESS			5.3 STREET ADDRESS	55	
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRES	ss	
CITY OT 710			64 C(TY-ST-Z)P		
14, I do hereb	y certify that the information sopplied	ed with this filing is voluntarily fur	mished and does not	qualify for the exemption stated in Section 119	0.07(3)(k), Florida Statutes. I further

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)(A). Florida Statuties: I furnier 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 coath, that I am an officer or directory of the corporation of 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 adactment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 1996 (954)424-810

CR2E034 (12/95)