

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 # P95000050317 (3)

1. Corporation Name

VERDI CORPORATION



Principal Place of Business

**255 S. ORANGE AVENUE
SUITE 1301
ORLANDO FL 32801**

Mailing Address

**255 S. ORANGE AVENUE
SUITE 1301
ORLANDO FL 32801**

3. Date Incorporated or Qualified

06/27/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **255 S. ORANGE AVE**

26 **255 S. ORANGE AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 1301**

27 **Suite 1301**

City & State

City & State

23 **Orlando, Florida**

28 **Orlando, Florida**

Zip

Country

Zip

Country

24 **32801**

25 **USA**

29 **32801**

30 **USA**

4. FFI Number

Applied for

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

9. Name and Address of Current Registered Agent

**WILLIAMS, L. MILLER ESQ.
255 S. ORANGE AVENUE
SUITE 1301
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name **WILLIAMS, L. MILLER ESQ.**

82 Street Address (P.O. Box Number is Not Acceptable)

255 South Orange Avenue

83 **#1301**

84 City **Orlando**

FL

85 Zip Code **32801**

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 the corporation

(NOTE: Registered Agent Signature required when "changing")

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **HEAD, JOHN V**
STREET ADDRESS **255 S. ORANGE AVENUE, #1301**
CITY-STATE-ZIP **ORLANDO FL 32801**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
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CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **HEAD, JOHN V**
1.3 STREET ADDRESS **255 South Orange Avenue, #1301**
1.4 CITY-STATE-ZIP **Orlando, Florida 32801**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN HEAD

March 22

,1996 (407) 648-4333

Corporate Phone #

CR2E034 (12/95)