

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

FILED
Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000006782 (2)
 1. Corporation Name
VEAR ESTATE CONSERVATION OPPORTUNITIES, INC.



650649110

Principal Place of Business: **236 EDGEEMERE WAY EAST NAPLES FL 33969 34105**
 Mailing Address: **236 EDGEEMERE WAY EAST NAPLES FL 34105-7150**

3. Date Incorporated or Qualified: **01/18/1996**
 3a. Date of Last Report: **N/A**
 4. FFI Number: **65-0649110**
 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

2. Principal Place of Business
 21. State, Apt. #, etc.
 22. City & State
 23. Zip
 24. Country
 2a. Mailing Address
 26. State, Apt. #, etc.
 27. City & State
 28. Zip
 29. Country

9. Name and Address of Current Registered Agent
LICHT, MICHAEL
791 TENTH STREET SOUTH
NAPLES FL 33947 34102

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 **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VEAR, DAVID L	
STREET ADDRESS	236 EDGEEMERE WAY EAST	
CITY - ST - ZIP	NAPLES FL 33969 34105	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	VEAR, JENNIFER M	
STREET ADDRESS	236 EDGEEMERE WAY EAST	
CITY - ST - ZIP	NAPLES FL 33969 34105	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RIKARD, JUNE	
STREET ADDRESS	2805 BUTTERFIELD ROAD, SUITE 170	
CITY - ST - ZIP	OAK BROOK IL 60521	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 change, or on an attachment with an address.

SIGNATURE: Sandra B. Mortham DATE: 4/23/97 DAYTIME PHONE: (941) 262-4941

CR2E034 (9/96)