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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P96000046989 (5)

VERITAS ET LUX, INC.

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED Mar 18 1998 8:00am Secretary of State

Change

Change

Addition

Addition

Principal Place of Business Mailing Address			is			i ibm ifde i ein fante meite Affert maret datet fit	Bill Arith imilia stirk idia idii
5318 LINDER NEW PORT F	PLACE RICHEY FL 34852		\$318 LINDER PLACE NEW PORT RICHEY FL 34652			DO NOT WRITE IN THIS	SPACE
						3. Date incorporated or Qualified 06/04/1996	
2. Principal P	lace of Business	2s. Mailing Add	2a. Mailing Address			4. FEI Number	Applied For
21		26	26			59-3395406	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	6	City & State	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28	4 			Trust Fund Contribution	Added to Fees
Zip	Country	Zıp		Country		8. This corporation owes or has paid the cu	
24	25	29	30				XX Yes No
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered	Agent
	EARS, JONATHON			81	Name		•
5318 LINDER PLACE				82	82 Street Address (P.O. Box Number is Not Acceptable)		
NEW PORT RICHEY FL 34652							
				63			
				84	City	FI	85 Zip Code
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Sta im familiar with, and accept the obt	te of Florida. Such cha	nge was author	rized by	the corporat	poration submits this statement for the purpose dion's board of directors. I hereby accept the ap	of changing its registered pointment as registered
SIGNATURE							
Signature, typed or printed name of registered agent and liftle if applicable (NOTE: Registere 12. OFFICERS AND DIRECTORS 13.					stered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PO			1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	OPEANO ALIOF		12 NAME				
STREET ADDRESS	EAAA DOMA ING DEND		1.3 STREET	anneree .			
CITY-ST-ZIP	NEW DOOT DICHEY OL 94069		1.4 CITY-ST				
TITLE			2.1 TITLE			☐ Change ☐ Addition	
NAME	HANDLEY, DAWN	٠ ــــا		2.2 NAME			
STREET ADDRESS	4000 MEDIANIT AMERICA		2.3 STREET ADDRESS				
	TARPON SPRINGS FL 3466	k 9					
CITY-ST-ZIP	10			2. 4 CITY-S 3.1 TITLE	I-ZIP		Change Addition
NAME	HOWE, JOHN	. ب		3.2 NAME			The Country of the Co
	4236 MARINE PARKWAY		1				\
STREET ADDRESS	NEW PORT RICHEY FL 346	152		3 3 STREET			ļ
CITY-ST-ZIP TITLE	TENT OUT MONET IL OTO			3.4. CITY-S 4.1 TITLE	1-4P		☐ Change ☐ Addition
		ال					
NAME				4. 2 NAME	1		

CITY-ST-ZIP 14. Thereby 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 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes of the altachment with an address.

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

DELETE