


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

FILED

May 06 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT</b> <b>1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P96000074476 1. Corporation Name <b>T.A. VERN, INC.</b>			
Principal Place of Business <b>300 Colorado Avenue</b> <b>Suite 208</b> <b>Stuart, Florida 34994</b>		Mailing Address <b>300 Colorado Avenue</b> <b>Suite 208</b> <b>Stuart, Florida 34994</b>	
2. Principal Place of Business <b>21 300 Colorado Avenue</b> Suite, Apt. #, etc. <b>22 Suite 208</b> City & State <b>23 Stuart, Florida</b> Zip <b>24 34994</b>	2a. Mailing Address <b>26 300 Colorado Avenue</b> Suite, Apt. #, etc. <b>27 Suite 208</b> City & State <b>28 Stuart, Florida</b> Zip <b>29 34994</b>	3. Date Incorporated or Qualified <b>9-9-1996</b>	3a. Date of Last Report Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>65-0708812</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>9. Name and Address of Current Registered Agent</b> <b>N. Dean Kohl, Jr.</b> <b>50 S.E. Kindred Street</b> <b>Stuart, Florida 34994</b>		<b>10. Name and Address of New Registered Agent</b> <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>	
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 _____			
<b>12. OFFICERS AND DIRECTORS</b>			
TITLE <b>P/D</b> <input type="checkbox"/> DELETE NAME <b>Donald E. Loyd</b> STREET ADDRESS <b>1073 Tiburon Way</b> CITY-STATE-ZIP <b>Palm City, Florida 34990</b>	<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>		
TITLE <b>VP/D</b> <input type="checkbox"/> DELETE NAME <b>Julie Loyd</b> STREET ADDRESS <b>1071 Tiburon Way</b> CITY-STATE-ZIP <b>Palm City, Florida 34990</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP		
TITLE <b>S/T/D</b> <input type="checkbox"/> DELETE NAME <b>Nicholas J. Gulotta</b> STREET ADDRESS <b>950 Colorado Avenue</b> CITY-STATE-ZIP <b>Stuart, Florida 34994</b>	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP		
<b>14. I 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 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 on an attachment with an address.</b>			
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>4/29/97</b> <b>561-219-8048</b> Date Daytime Phone #	

CR2E034 (9/96)