SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

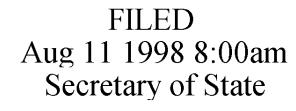
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P96000084432 (9)

VERO BEACH BUYERS REALTY, INC.





								<u> </u>
Principal Place of Business Mailing Address								JIBN 18111 21811 81888 11118 1181 1881
380 MARBRISA	DRIVE		380 MARBRISA DR	390 MARBRISA DRIVE				
VERO BEACH I				VERO BEACH FL 32963			DO NOT WOLFE IN	
							DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified	
:							,	·
2. Principal Place of Business 2a. Mailing Address					- -		10/09/1996 4. FEI Number	Applied For
21			F-7 ~	26				Applied For Not Applicable
Suite, Apt.	#. etc.			Suite, Apt. #, etc.			NOT_APPLICABLE	\$8.75 Additional
22			<u></u> ⊢—ı	27			5. Certificate of Status Desired	Fee Required
City & State			City & State	+ * · · · · · · · · · · · · · · · ·			6. Election Campaign Financing	\$5.00 May Be
23			28	28			Trust Fund Contribution	Added to Fees
Zip	Country		Zip	Zip Coun		· · · · ·	8. This corporation owes or has paid the current year (ntangible	
24			29	30			Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent							10. Name and Address of New Register	ed Agent
ROONEY, JOSEPH F.X.						Name		
380 MARBRISA DRIVE					82	Street Add	ress (P.O. Box Number is Not Acceptable)	
VERO BEACH FL 32963								:
1					83			
					84	City		85 Zip Code
							•	·L (
Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was aut						named corporate	oration submits this statement for the purpose of tion's heard of directors. It hereby accept the an	f changing its registered
agent. I am familiar with, and accept the obligations of, section 607,0505, Florida Statutes.								
SIGNATURE								
Signalum, typed or prinled name of registored agent and title if applicable. (NO16 12. OFFICERS AND DIRECTORS					red A	gent signature red	quired when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	OFFICERO	DEL	13. ETE 1.1 TI	TLF		ADDITIONS/OFFANGES TO OFFICERS	
NAME		JOSEPH F.X.	[] DEL	1.2 N/				L_ Change _ Addition
STREET ADDRESS	AAA BAAMMAA MANAM				1,3 STREET ADDRESS			
CITY-ST-ZIP	1 mm h mm tott mi nanna				1.4 CITY-ST-ZIP			
TITLE	VSD		DEL	DELETE 2.1 TIT		<u></u>		Change Addition
NAME		MARILYN P		2.2 NA				CHANGE CHANGE
STREET ADDRESS		BRISA DRIVE		2.3 STF		ADDRESS		
CITY-ST-ZIP	LOTTING THE COLUMN THE COLUMN			2.4 CiTY-ST-ZIP		-ZIP		
TITLE	DELETE				3.1 TITLE			Change Addition
NAME				3.2 NA	ME			
STREET ADDRESS				3.3 ST	REET	ADDRESS		
CITY-ST-ZIP				3.4 CI	TY-ST	ZIP		·
TITLE	-		DEL	ETE 4.1 TI	TLE			Change Addition
NAME				4.2 NA	ME			
STREET ADDRESS				4.3 ST	REET	ADDRESS		
CITY-ST-ZIP				4.4 CI	TY-ST-	ZIP		
TITLE			DEL	ETE 5.1 T(1	LE			Change Addition
NAME				5.2 NA	ME			
STREET ADDRESS				5.3 ST	REET	ADDRESS		
CITY-ST-ZIP				5.4 CI	TY-ST-	ZIP		
TITLE			DEL	ETE 6.1 TIT	ΓLE		والمراب الإس والمقطع والمقطع والمرابع والمجاور والمجاور والمجاور والمجاور	Change Addition
NAME				6.2 NA	ME		60000261 3 -08/12/9801007-	455 1
STREET ADDRESS				6.3 ST	REET	ADDRESS	-08/12/3801007-	-arc 7,44,
CITY-ST-ZIP				6.4 Cf	TY-ST-	ZIP	***550,00	

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 (changed, or on an attachment with an address.