


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

FILED

Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90059 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # S21189		
1. Corporation Name VERITY ENTERPRISES OF FLORIDA, INC.		

Principal Place of Business 1750 AUSTRALIAN AVE RIVIERA BEACH FL 33404	Mailing Address 1750 AUSTRALIAN AVE RIVIERA BEACH FL 33404
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2. Principal Place of Business	2a. Mailing Address
21 19800 U.S. HIGHWAY #1	26 19800 U.S. HIGHWAY #1
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 APT 301	27 APT 301
City & State	City & State
23 TEQUESTA, FLORIDA	28 TEQUESTA, FLORIDA
Zip Country	Zip Country
24 33469 U.S.A	29 33469 U.S.A

9. Name and Address of Current Registered Agent	
VERITY, AUSTIN W. 1750 AUSTRALIAN AVE RIVIERA BEACH FL 33404	

DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified 12/24/1990	
4. FEI Number 65-0238746	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent	
AUSTIN W. VERITY	
82 Street Address (P.O. Box Number is Not Acceptable) 19800 U.S. HIGHWAY ONE APT 301	
83 TEQUESTA, FLORIDA	
84 City	85 Zip Code FL 33469

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 <u>Austin W. Verity</u> DATE <u>1-7-99</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	DS VERITY, AUSTIN W
STREET ADDRESS	1750 AUSTRALIAN AVE
CITY-ST-ZIP	RIVIERA BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	DP VERITY, DOROTHY H
STREET ADDRESS	1750 AUSTRALIAN AVE
CITY-ST-ZIP	RIVIERA BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	DV VERITY, AUSTIN W III
STREET ADDRESS	1750 AUSTRALIAN AVE
CITY-ST-ZIP	RIVIERA BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	DT REMES, SUSAN
STREET ADDRESS	1750 AUSTRALIAN AVE
CITY-ST-ZIP	RIVIERA BEACH FL
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 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, with all other like empowered.

SIGNATURE: Austin W. Verity DATE 1-7-99 561-845-7753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

032522

CR2E034 (11/98)