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Feb 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V40152

(3)

1. Corporation Name
VETERAN COMMUNICATIONS, INC.

Principal Place of Business
2339 MERRILY CIRCLE, SO
SEFFNER FL 33584
US

Mailing Address
P. O. BOX 2072
SEFFNER FL 33583-2072
US



3. Date Incorporated or Qualified 05/28/1992
3a. Date of Last Report 05/29/1996

2. Principal Place of Business
21 2339 Merrill Cir. So.
Suite, Apt. #, etc.

2a. Mailing Address
26 P.O. Box 2072
Suite, Apt. #, etc.

4. FEI Number 65-0341724
Applied For
Not Applicable

22 City & State
23 SEFFNER FL.

27 SEFFNER FL.
City & State

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 33584
25 Country US

28 Zip 33583-2072
30 Country US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIVERA, RAY
1359 VALLEY GROVE DR.
SEFFNER FL 33584

81 Name RIVERA, Ramon
82 Street Address (P.O. Box Number is Not Acceptable)
5332 SARASOTA DR
83
84 City Sarasota FL 85 Zip Code 34232

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
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	RIVERA, RAMON	1359 VALLEY GROVE DR.	SEFFNER FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
P	RIVERA, RAMON	5332 SARASOTA DR	SARASOTA FL 34232	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 9 1996 (813) 654-9546
Date Daytime Phone #

CR2E034 (9/96)