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Mar 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 715942 (9)

1. Corporation Name

VENETIAN CONDOMINIUM, INC.



Principal Place of Business

Mailing Address

ONE LAS OLAS CIRCLE  
FORT LAUDERDALE FLORIDA 33316

ONE LAS OLAS CIRCLE  
FORT LAUDERDALE FLORIDA 33316-1604  
US

3. Date Incorporated or Qualified  
01/24/1969

3a. Date of Last Report  
01/31/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-1303036

Applied For  
Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

23 Zip

Country

28 Zip

Country

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

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WINTERS, FRED N.  
ONE LAS OLAS CIRCLE  
FT. LAUDERDALE FL 33316

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 617.0503, Florida Statutes.

SIGNATURE: *Fred N. Winters*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE: 2/26/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	WEIDHUNER, DONALD D.	
STREET ADDRESS	ONE LAS OLAS CIRCLE	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	JURGEN, RONALD K.	
STREET ADDRESS	ONE LAS OLAS CIRCLE	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	COOK, ROBERT	
STREET ADDRESS	ONE LAS OLAS CIR.	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SCHROEDER, THOMAS	
STREET ADDRESS	ONE LAS OLAS CIRCLE	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, MERWIN E.	
STREET ADDRESS	ONE LAS OLAS CIRCLE	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ADAMS, JACKIE	
STREET ADDRESS	ONE LAS OLAS CIRCLE	
CITY - ST - ZIP	FT. LAUDERDALE FL	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BROCHU, TOM	
1.3 STREET ADDRESS	ONE LAS OLAS CIRCLE	
1.4 CITY - ST - ZIP	FT. LAUDERDALE, FL 33316	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BRINK, ORVILLE	
2.3 STREET ADDRESS	ONE LAS OLAS CIRCLE	
2.4 CITY - ST - ZIP	FT. LAUDERDALE, FL 33316	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TALIK, JIM	
3.3 STREET ADDRESS	ONE LAS OLAS CIRCLE	
3.4 CITY - ST - ZIP	FT. LAUDERDALE, FL 33316	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	COOK, ROBERT	
4.3 STREET ADDRESS	ONE LAS OLAS CIRCLE	
4.4 CITY - ST - ZIP	FT. LAUDERDALE, FL 33316	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SMITH, RANDOLPH	
5.3 STREET ADDRESS	ONE LAS OLAS CIRCLE	
5.4 CITY - ST - ZIP	FT. LAUDERDALE, FL 33316	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CERNICK, RANDOLPH	
6.3 STREET ADDRESS	ONE LAS OLAS CIRCLE	
6.4 CITY - ST - ZIP	FT. LAUDERDALE, FL 33316	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jacqueline R. Robinson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 2/27/97

DAYTIME PHONE: 463-0071

CR2E037 (9/96)