

FILE NOW: FILING FEE IS \$61.25

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**Mar 18 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 722107 (0)
1. Corporation Name
VENICE ISLE INC.



Principal Place of Business 3536 NE 168 ST., APT. 202 NORTH MIAMI BEACH FL 33160	Mailing Address 3536 NE 168 ST. NORTH MIAMI BEACH FL 33160 US
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3. Date Incorporated or Qualified
11/16/1971

4. FEI Number
59-1476675

Applied For	Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**FEDELICH, JEEN
3536 NE 168 ST
501
N MIAMI BEACH FL 33160**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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, 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 617.0503, Florida Statutes. *same address apt 306.*

SIGNATURE *William Lopez* **Accounting Dep. March 11/1998**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	FEIN, HOWARD
STREET ADDRESS	3536 NE 168 ST., #403
CITY-ST-ZIP	N. MIAMI BCH. FL
TITLE	V <input type="checkbox"/> DELETE
NAME	LENART, TOM
STREET ADDRESS	3536 NE 168 ST., #507
CITY-ST-ZIP	NORTH MIAMI BCH FL
TITLE	T <input type="checkbox"/> DELETE
NAME	ALBERTO, BRITOS
STREET ADDRESS	3536 NE 168 ST., #407
CITY-ST-ZIP	NORTH MIAMI BCH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	TORRES, MANUEL
STREET ADDRESS	3536 NE 168 ST, 503
CITY-ST-ZIP	NO MIAMI BCH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CHICOINE, MARGUERITE
STREET ADDRESS	3536 NE 168 ST., APT. 304
CITY-ST-ZIP	NORTH MIAMI BCH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SAVOIE, CLAUDE
STREET ADDRESS	3536 NE 168 ST, 506
CITY-ST-ZIP	NORTH MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FEDELICH JEEN
1.3 STREET ADDRESS	3536 NE 168 ST # 204
1.4 CITY-ST-ZIP	N MIAMI BCH. Fla.
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William Lopez Accounting Dep March 11/98* **305 9491108**

CR2E087 (10/97)