

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 762654 (2)

1. Corporation Name  
VENICE BAY ADULT PARK, INC.



Principal Place of Business Mailing Address  
149 SERPENTINE DR VENICE FL 34292 149 SERPENTINE DR VENICE FL 34292-1089

3. Date Incorporated or Qualified 03/30/1982 3a. Date of Last Report 01/23/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number 59-2258014 Applied For Not Applicable

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

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

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

RUTTER, LARRY  
151 SERPENTINE DR.  
VENICE FL 34292

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
173 MORNINGSTAR RD  
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, 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.

SIGNATURE [Signature] Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

1/11/97 DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DT	<input type="checkbox"/> DELETE
NAME	PETERSON, RALPH	
STREET ADDRESS	103 BAYOU DR.	
CITY - ST - ZIP	VENICE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SNYDER, SUZANNE	
STREET ADDRESS	156 SERPENTINE DR.	
CITY - ST - ZIP	VENICE FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	RUTTER, LARRY	
STREET ADDRESS	151 SERPENTINE DR	
CITY - ST - ZIP	VENICE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOGGS, LOUIS	
STREET ADDRESS	143 BAYOU DR.	
CITY - ST - ZIP	VENICE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUITER, WINSTON	
STREET ADDRESS	153 SERPENTINE DR.	
CITY - ST - ZIP	VENICE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GIBBS, ESTHER	
STREET ADDRESS	112 BAYOU DR	
CITY - ST - ZIP	VENICE, FL 00000	

1.1 TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	V. PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	173 MORNINGSTAR RD.	
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	TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	TED STAMPIEN	
6.3 STREET ADDRESS	158 SERPENTINE DR.	
6.4 CITY - ST - ZIP	VENICE FL.	

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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/97 DATE 488-8580 DAYTIME PHONE # 0064811

CR2E037 (9/96)