


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 762654 (2)
1. Corporation Name
VENICE BAY ADULT PARK, INC.



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

3. Date Incorporated or Qualified
03/30/1982

4. FEI Number
59-2258014

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

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	30

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

**RUTTER, LARRY
173 MORNINGSTAR BLVD
VENICE FL 34292**

10. Name and Address of New Registered Agent

81 Name **STEMPIEN, TED**

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

83

84 City **VENICE** FL 85 Zip Code **34292**

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 *Ted Stempien* **TED STEMPIEN - TREAS.** DATE **3-18-98**

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PETERSON, RALPH	
STREET ADDRESS	103 BAYOU DR.	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SNYDER, SUZANNE	
STREET ADDRESS	156 SERPENTINE DR.	
CITY-ST-ZIP	VENICE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	RUTTER, LARRY	
STREET ADDRESS	173 MORNINGSTAR RD	
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	T	<input type="checkbox"/> DELETE
NAME	STEMPIEN, TED	
STREET ADDRESS	158 SERPENTINE DR	
CITY-ST-ZIP	VENICE FL	

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 checked="" type="checkbox"/> Addition
3.2 NAME	D JOE SCANLON
3.3 STREET ADDRESS	151 SERPENTINE DR
3.4 CITY-ST-ZIP	VENICE FL 34292
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VP
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: *Ted Stempien* **TED STEMPIEN - TREA.** **3/18/98 941/98-7925**

CR2E037 (10/97)