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FILED
May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # G88319

(0)

1. Corporation Name

~~PALM BEACH GRAPHICS, INC.~~
VENUE ADVERTISING, INC.

1-8-98

Principal Place of Business

945 W 15TH STREET
RIVIERA BCH. FL 33404

Mailing Address

945 W 15TH STREET
RIVIERA BCH. FL 33404

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1984

4. FEI Number

59-2501788

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

LAFFLER, RALPH H.
23 CAYMAN PL
PALM BEACH FL 33418

10. Name and Address of New Registered Agent

81 Name

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

8801 RIVERFRONT TERR, SE

83

84 City

TEQUESTA

FL

85 Zip Code

33469

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

TITLE ☐ DELETE

NAME
CEOD
LAFFLER, RALPH H.
STREET ADDRESS
23 CAYMAN PL
CITY-ST-ZIP
PALM BEACH GARDENS FL

TITLE ☐ DELETE

NAME
D
BUTLER, ROGER S.
STREET ADDRESS
6 EMARITA WAY
CITY-ST-ZIP
STUART FL

TITLE ☐ DELETE

NAME
PD
ALBANESE, MICHAEL
STREET ADDRESS
1918 JUNO ROAD
CITY-ST-ZIP
NORTH PALM BEACH FL

TITLE ☒ DELETE

NAME
VPD
ALBANESE, TAMRA
STREET ADDRESS
2102 PIN OAK COURT
CITY-ST-ZIP
PALM BEACH GARDENS FL

TITLE ☐ DELETE

NAME
D
LAGGLER, BERNICE C.
STREET ADDRESS
150 GREEN POINT CIR
CITY-ST-ZIP
PALM BEACH GARDENS FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
8801 RIVERFRONT TERR, SE
TEQUESTA, FL 33469

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
712 NIGHTHAWK WAY
NORTH PALM BEACH, FL

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
VPD
FITZGERALD, TAMRA
119 GULFSTREAM RD
NORTH PALM BEACH, FL

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
LAFFLER, BERNICE C.

6.1 TITLE ☐ Change ☐ 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 119.051, Florida Statutes, and 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 150, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

M. J. O. 1000

MICHAEL ALBANESE

PRES

11/2/98

561-844.1778

CR2E034 (10/97)