

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 23 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 # **K07108 (9)**
 1. Corporation Name
VENTURE CIRCLE WAREHOUSES, INC.



Principal Place of Business Mailing Address
501 E. JACKSON ST ORLANDO FL 32801 **501 E. JACKSON ST ORLANDO FL 32801**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/14/1987
 4. FEI Number **59-2965341** 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 2a. Mailing Address
 21 **125 S. Swoope Ave.** 26 **125 S. Swoope Ave.**
 Suite, Apt #, etc. Suite, Apt. #, etc.
 22 **Suite 103** 27 **Suite 103**
 City & State City & State
 23 **Maitland, Florida** 28 **Maitland, Florida**
 Zip Country Zip Country
 24 **32751** 25 **Orange** 29 **32751** 30 **Orange**

g. Name and Address of Current Registered Agent
SCHIEFERDECKER, HOWARD A
501 E JACKSON ST
FIRST FLOOR
ORLANDO FL 32801

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
125 S. Swoope Ave.
 83 **Suite 103**
 84 City **Maitland** FL 85 Zip Code **32751**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	SCHIEFERDECKER, HOWARD.
STREET ADDRESS	501 E. JACKSON ST
CITY-ST-ZIP	ORLANDO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BOLEN, JAMES L.
STREET ADDRESS	501 E. JACKSON ST
CITY-ST-ZIP	ORLANDO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BUTLER, GAY
STREET ADDRESS	501 E. JACKSON ST
CITY-ST-ZIP	ORLANDO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	KIMBROUGH, ORMAN L., JR
STREET ADDRESS	236 S. LUCRENE CIRCLE
CITY-ST-ZIP	ORLANDO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MYLREA, BRUCE
STREET ADDRESS	608 E. CENTRAL AVE
CITY-ST-ZIP	ORLANDO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	THORNTON, ROBERT
STREET ADDRESS	501 E. JACKSON ST
CITY-ST-ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	125 S. Swoope Ave., Suite 103
1.4 CITY-ST-ZIP	Maitland, Florida 32751
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **HOWARD A SCHIEFERDECKER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/98

CR2E084 (10/97)