

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 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 # N51159 (4)  
1. Corporation Name  
R/C FLIERS OF VENICE, INC.



Principal Place of Business: P.O. BOX 3171, VENICE FL 34293  
Mailing Address: P.O. BOX 3171, VENICE FL 34293

3. Date Incorporated or Qualified: 10/05/1992

4. FEI Number: 65-0385887  
Applied For: Not Applicable

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (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  
TURNER, PETER  
310 TREASURE ROAD  
VENICE FL 34293

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
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: *Frank Alfonso* FRANK ALFONSO (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE: DC NAME: MUMMA, WARREN M STREET ADDRESS: 5457 TALBROOK RD CITY-ST-ZIP: NORTH PORT FL	<input type="checkbox"/> DELETE
TITLE: V NAME: GANDORF, EDWARD C STREET ADDRESS: 529 DOVER DR. S. CITY-ST-ZIP: ENGLEWOOD FL	<input checked="" type="checkbox"/> DELETE
TITLE: S NAME: WILDER, ALLEN STREET ADDRESS: 567 LAUREL CHERRY LANE CITY-ST-ZIP: VENICE FL	<input checked="" type="checkbox"/> DELETE
TITLE: T NAME: ALFONSO, FRANK STREET ADDRESS: 205 ROYAL OAK WAY CITY-ST-ZIP: VENICE FL	<input checked="" type="checkbox"/> DELETE
TITLE: D NAME: OBESHAW, KEN STREET ADDRESS: 308 CRANE ROAD CITY-ST-ZIP: ENGLEWOOD FL	<input type="checkbox"/> DELETE
TITLE: P NAME: TURNER, PETER STREET ADDRESS: 310 TREASURE RD CITY-ST-ZIP: VENICE FL	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: D 1.2 NAME: GANDORF, EDWARD 1.3 STREET ADDRESS: 373 ROSELING CR 1.4 CITY-ST-ZIP: VENICE FL 34293	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE: V 2.2 NAME: GURWACZ, CHESTER 2.3 STREET ADDRESS: 529 DOVER DR. S. 2.4 CITY-ST-ZIP: ENGLEWOOD FL 34223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE: S 3.2 NAME: WELKE, LOWELL 3.3 STREET ADDRESS: 999 EVEREST RD 3.4 CITY-ST-ZIP: VENICE FL 34293	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE: T 4.2 NAME: WILDER, ALLEN 4.3 STREET ADDRESS: 567 LAUREL CHERRY LANE 4.4 CITY-ST-ZIP: VENICE FL 34293	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE: P 6.2 NAME: FRANK ALFONSO 6.3 STREET ADDRESS: 205 ROYAL OAK WAY 6.4 CITY-ST-ZIP: VENICE FL 34292	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Frank Alfonso* FRANK ALFONSO

CR2E037 (10/97)