

FILE NOW: FILING FEE AFTER MAY 1, IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V08485 (7)**

1. Corporation Name
FLORIDA VENTURE PROPERTIES, INC.



Principal Place of Business Mailing Address
2707 S. GOLDENROD ROAD ORLANDO FL 32822 US **2707 S. GOLDENROD ROAD ORLANDO FL 32822 US**

3. Date Incorporated or Qualified **01/23/1992** 3a. Date of Last Report **04/28/1995**
4. FEI Number **59-3118377** 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

2. Principal Place of Business 2a. Mailing Address
21 **1201 S. ORLANDO AVE** 26 **1201 S. ORLANDO AVE.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **SUITE 200** 27 **SUITE 200**
City & State City & State
23 **WINTER PARK, FL.** 28 **WINTER PARK, FL.**
Zip Country Zip Country
24 **32790** 25 **ORANGE** 29 **32790** 30 **ORANGE**

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
HAWKINS, KEVIN 81 Name **SAMUEL C. HAMILTON, JR.**
540 MANOR ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **1201 S. ORLANDO AVE.**
MAITLAND FL 32751 83 **SUITE 200**
84 City **WINTER PARK** 85 Zip Code **FL 32790**

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]* **SAMUEL C. HAMILTON, JR.** 2/27/96
Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAWKINS KEVIN	1.2 NAME	SAMUEL C. HAMILTON, JR.
STREET ADDRESS	540 MANOR ROAD	1.3 STREET ADDRESS	1201 S. ORLANDO AVE., SUITE 200
CITY-ST-ZIP	MAITLAND FL	1.4 CITY-ST-ZIP	WINTER PARK, FL. 32790
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLO, TIBOR	2.2 NAME	
STREET ADDRESS	100 S. BISCAYNE BLVD., SUITE 1100	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	400001728404
CITY-ST-ZIP		3.4 CITY-ST-ZIP	-02/29/96--01081--003
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	***200.00
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* **SAMUEL C. HAMILTON, JR.** 2/27/96
Date

CR2E034 (12/95)

1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0393 FAX

800-342-8086



ACCOUNT NO. : 072100000032
REFERENCE : 862978 7105619
AUTHORIZATION :
COST LIMIT : \$ PPD *Patricia Pjitt*

ORDER DATE : February 28, 1996

ORDER TIME : 10:37 AM

ORDER NO. : 862978

CUSTOMER NO: 7105619

CUSTOMER: Ms. Linda Parker
Quantum Development Group, Inc
5449 South Semoran Blvd.
Suite 20
Orlando, FL 32822

DOMESTIC FILINGS

NAME: FLORIDA VENTURE PROPERTIES,
INC.

XX ANNUAL REPORT

CONTACT PERSON: Harry B. Davis
EXAMINER'S INITIALS _____