

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

FILED

May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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  
**1201 S. ORLANDO AVE  
SUITE 200  
WINTER PARK FL 32780  
US**

Mailing Address  
**1201 S. ORLANDO AVE  
SUITE 200  
WINTER PARK FL 32789-4897  
US**

3. Date Incorporated or Qualified **01/23/1992** 3a. Date of Last Report **02/29/1996**

4. FEI Number **59-3118377** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt #, etc. 26 Suite, Apt #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

5. Certificate of Status Desired  \$8.75 Additional Fees 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAMILTON, SAMUEL C JR  
1201 S. ORLANDO AVE  
SUITE 200  
WINTER PARK FL 32790**

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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                                        |                                 |
|----------------|----------------------------------------|---------------------------------|
| TITLE          | <b>D</b>                               | <input type="checkbox"/> DELETE |
| NAME           | <b>HAMILTON, SAMUEL C JR</b>           |                                 |
| STREET ADDRESS | <b>1201 S. ORLANDO AVE., SUITE 200</b> |                                 |
| CITY-ST-ZIP    | <b>WINTER PARK FL 32790</b>            |                                 |
| TITLE          |                                        | <input type="checkbox"/> DELETE |
| NAME           |                                        |                                 |
| STREET ADDRESS |                                        |                                 |
| CITY-ST-ZIP    |                                        |                                 |
| TITLE          |                                        | <input type="checkbox"/> DELETE |
| NAME           |                                        |                                 |
| STREET ADDRESS |                                        |                                 |
| CITY-ST-ZIP    |                                        |                                 |
| TITLE          |                                        | <input type="checkbox"/> DELETE |
| NAME           |                                        |                                 |
| STREET ADDRESS |                                        |                                 |
| CITY-ST-ZIP    |                                        |                                 |
| TITLE          |                                        | <input type="checkbox"/> DELETE |
| NAME           |                                        |                                 |
| STREET ADDRESS |                                        |                                 |
| CITY-ST-ZIP    |                                        |                                 |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 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 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 do 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)