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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

t, corpo and	MENT # 454380 R REAL ESTATE OF VENIC				1 <u>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>	
Principal Plac	e of Business	Mailing Address			 	
216 SOUTH HARBOR DR VENICE FL 34285		216 SOUTH HARBOR DR VENICE FL 34285-2215				
				 Date Incorporated or Qualified 06/07/1974 	3a. Date of Last R 05/01/1996	eport
	lace of Business	2a. Mailing Address		4, FEI Number	<i>⊢{′</i>	oplied For
21		26		59-1540766		t Applicable
22 Suite, Apt	Suite, Apt. #, etc. Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 / Fee Re	
City & State	0	City & State		6. Election Campaign Financing	\$5.00	
23		28		Trust Fund Contribution	Added 1	
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax under s	199.032,
24	25		30	Florida Statutes	Yes 🔲 No	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New R	egistered Agent	
	GHAM, TERRANCE J		81 Name			
529 NEPONSIT DR.				82 Street Address (P.O. Box Number is Not Acceptable)		
VENICE FL 34293						
1			63			Ì
			B4 City		FL 85 Zip (Code
office or r agent La SiGNATURI	to the provisions of Sections 607,055 registered agent, or both, in the State im familiar with, and accept the oblig	of Florida, Such change was au ations of, Section 607,0505, Flor	s, the above-named cuthorized by the corpoida Statutes. Registered Agent signature re	orporation submits this statement for the ration's board of directors. I hereby acce	purpose of changing it opt the appointment as	s registered registered
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI		S IN 12
TILLE	PST	☐ DELETE	1.1 TITLE		☐ Change	Addition
NAME:	LANGHAM, TERRANCE J		1.2 NAME			[
STREET ADDRESS	529 NEPONSIT DR.		1.3 STREET ADDRESS			ľ
COY-S1-ZIP	VENICE FL		1.4 CiTY~ST-ZiP			J
TITLE	VP	DELETE	2.1 TITLE		Change	Addition
NAME	WHEELER, JACQUELINE M		2.2 NAME			ĺ
STREET ADDRESS	1745 SCENIC DR.		23 STREET ADDRESS			}
CHY+S1+74P	VENICE FL		2. 4 CITY-ST-ZIP			
THIF		☐ DELETE	3.1 TITLE		Change	Addition]
NAM č			3.2 NAME			,
STREET ADDRESS			3.3 STREET ADDRESS			
CITY ST-7P		DELETE	3.4. CITY - ST - ZIP		☐ Change	Addition
TillE		ר] אנינונ	4.1 TITLE		⊢ ∩ withe	L Advisor
NAME PROFESSION AND NOTES			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			1
CHY-ST-ZIP TILLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change	Addition
NAM:	{	#_1 ******	5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			1
City-St-Zif			5.4 CITY-ST-ZIP			Ì
TILE		DELETE	6 1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change	Addition

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 charged, or on an attachment with an address.

6.2 NAME 6.3 STREET ADDRESS

NAME

STREET ADDRESS

FILED

Apr 21 1997 8:00am

Secretary of State

0436367