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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

VENTURI	E 74, INC.	(1) Mailing Address					
Principal Place of Business 10658 SEMINOLE BOULEVARD SEMINOLE FL 34548-3328		10658 SEMINOLE BOULEVARD SEMINOLE FL 33778-3328					
					3. Date Incorporated or Qualified 11/05/1974	3a. Date of Last 04/25/1996	Report
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-1561463		Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee f	Additional Required
City & Stat	Ð	City & State			6. Election Campaign Financing		May Be
<b>23</b> Zip	Country	<b>28</b>	Country	<del> </del>	Trust Fund Contribution		d to Fees
24	25	29	30		8. This corporation has liability for Florida Statutes	Mangible tax under Ves ☐ No	8. 199.032,
	9. Name and Address of Current				10. Name and Address of New Re		
	D, ROBERT L.		81	Name			
	8 Seminole Blvd. Inole Blvd. Florida 33544-499	3	82	Street Addre	ess (P.O. Box Number is Not Acceptab	ole)	
			83	71.4			
			84	City	<del>,, , , , , , , , , , , , , , , , , , ,</del>	FL 85 Zip	p Code
office or i agent. I a SIGNATURE	registered agent, or both, in the State irn familiar with, and accept the obligation Signature, typed or primed raise of registered agen	of Florida Such change was a tions of, Section 607.0505, Flo t and title Lapplicable. (NOTI	authorized by orida Statutes Registered Age	the corporation.	oration submits this statement for the pon's board of directors. I hereby accepted when reinstating)	pt the appointment a	as registered
12.	OFFICERS AND	DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE NAME	CHOUINARD, ROBERT W.	☐ becele	11 TITLE 12 NAME			Change	
STREET ADDRESS	8541 BARDMOOR PLACE N.		1.3 STREET ADDRESS				
CITY-ST-7-P	SEMINOLE FL		14 CITY-S				
TITLE	SD	☐ DELETE	21 TITLE			Change	Addition
NAME	CHOUINARD, DEAN		22 NAME				
STHEET ADDRESS	9240 122ND TERRACE N.		2.3 STREET	ADDRESS			
CITY-ST-7IP	SEMINOLE FL VD	DELETE	2 4 CITY - S	T-ZIP		Change	Addition
TULE	SKILES, DENISE	[ DELETE	3.1 TITLE			☐ Change	Addition
NAME STREET ADDRESS	10272 CYPRESS CIR N		3.2 NAME 3.3 STREET	*UUDEGG			
CHTY - ST - ZIP	SEMINOLE FL		3.4 CITY-S				
711L <del>E</del>		☐ DELETE	4.1 TITLE			Change	Addition
NAME	]		4.2 NAME				
STREET ADORESS			. 4.3 STREET	ADDRESS			
CITY-ST-ZIF		Distre	4.4 CITY - ST	T-ZIP		Change	Addition
TITLE NAME		☐ DELETE	5.1 TITLE 5.2 NAME			L Change	Addition
STREET ADDRESS			5.3 STREET	ADORESS			
CITY - ST - ZIP			5.4 CITY-S				
TITLE		☐ DELETE	61 TITLE			Change	Addition
NAME			6 2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS	•		
CITY - ST - ZIP	Local Calcas de la	Look about files also	6.4 CITY-S		in Continue 440 07/00/00 Fr. 11 Or 11	- 16.as	
information Lam an c	on indicated on this annual report or si	ipplemental annual report is to the receiver or trustee empow	rue and accu ered to exec	rate and that	in Section 119.07(3)(i), Florida Statute my signature shall have the same legal as required by Chapter 607, Florida S	al effect as if made u	inder oath; that

SIGNATURE: DONUSE SKILLS DENISE 5kiles

**FILED** 

Feb 05 1997 8:00am

Secretary of State