

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 735423 (6)

1. Corporation Name
VENTURE THREE, INC.



Principal Place of Business: 10701 SOUTH OCEAN DR. JENSEN BEACH FL 34957
Mailing Address: 10701 SOUTH OCEAN DR. JENSEN BEACH FL 34957

3. Date Incorporated or Qualified: 03/30/1976
3a. Date of Last Report: 01/25/1995
4. FEI Number: 59-1726007
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: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25
City & State: 27
Zip: 28 Country: 29

9. Name and Address of Current Registered Agent
**MCCARTHY, TERENCE P., ATTY.
2081 E. OCEAN BLVD.
STUART, 34996**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	STONE, MARGARET	
STREET ADDRESS	10701 S OCEAN DR #867	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SCOTT, WALTER J.	
STREET ADDRESS	10751 S. OCEAN DR. #681	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	TOLAS, CARL	
STREET ADDRESS	10701 S. OCEAN DR. 633	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	STONE, CARL	
STREET ADDRESS	10701 S OCEAN DR 867	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROUSE, AUDREY	
STREET ADDRESS	10751 S. OCEAN DR. #B-8	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STONE, MARGARET	
1.3 STREET ADDRESS	10701 S. OCEAN DR. #867	
1.4 CITY-ST-ZIP	JENSEN BEACH, FL	
2.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SCOTT, WALTER J.	
2.3 STREET ADDRESS	10701 S. OCEAN DR. #681	
2.4 CITY-ST-ZIP	JENSEN BEACH, FL	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BIGELOW, EVAN	
3.3 STREET ADDRESS	10701 S. OCEAN DR., #815	
3.4 CITY-ST-ZIP	JENSEN BEACH, FL	
4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ROUSE, AUDREY	
4.3 STREET ADDRESS	10751 S. OCEAN DR. #B-8	
4.4 CITY-ST-ZIP	JENSEN BEACH, FL	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Margaret Stone* Margaret Stone, Sec. 1/17/96 229-2333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)