

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 16 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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
 4. FEI Number: 59-1726007
 Applied For: Not Applicable

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	S
NAME	STONE, MARGARET	1.2 NAME	Danielson, Jean E.
STREET ADDRESS	10701 S. OCEAN DR. #867	1.3 STREET ADDRESS	10701 S. Ocean Dr. #657
CITY-ST-ZIP	JENSEN BEACH FL	1.4 CITY-ST-ZIP	Jensen Beach, FL 34957
TITLE	PD	2.1 TITLE	
NAME	SCOTT, WALTER J	2.2 NAME	
STREET ADDRESS	10701 S. OCEAN DR. #681	2.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	VD
NAME	BIGELOW, EVAN	3.2 NAME	Pleyte, Gary
STREET ADDRESS	10701 S. OCEAN DR. #815	3.3 STREET ADDRESS	10751 S. Ocean Dr. A-15
CITY-ST-ZIP	JENSEN BEACH FL	3.4 CITY-ST-ZIP	Jensen Beach, FL 34957
TITLE	VD	4.1 TITLE	VD
NAME	COTE, PHIL	4.2 NAME	McDermott, Robert
STREET ADDRESS	10751 S. OCEAN DR., #A-4	4.3 STREET ADDRESS	10751 S. Ocean Dr. #A-8
CITY-ST-ZIP	JENSEN BEACH FL	4.4 CITY-ST-ZIP	Jensen Beach, FL 34957
TITLE	TD	5.1 TITLE	TD
NAME	ROUSE, AUDREY	5.2 NAME	Mohr, David
STREET ADDRESS	10751 S. OCEAN DR. #B-8	5.3 STREET ADDRESS	10701 So. Ocean Dr. #800
CITY-ST-ZIP	JENSEN BEACH FL	5.4 CITY-ST-ZIP	Jensen Beach, FL 34957
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jean E. Danielson, Secretary* 7/1/98 561-229-2333
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)