

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000002227 (7)

1. Corporation Name

VENBRO INDUSTRIES, INC.

Principal Place of Business

6 SARNOWSKI DRIVE
SCOTIA NY 12302

Mailing Address

6 SARNOWSKI DRIVE
SCOTIA NY 12302

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/12/1993
3a. Date of Last Report 01/25/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

14-1608408

Applied For

Not Applicable

State, Apt # etc

State, Apt # etc

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

County

Zip

County

7. This corporation has liability for intangible tax under § 199.032,
Florida Statutes: Yes No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VENDITI, LOUIS A
1130 LIGHTHOUSE CT.
MARCO ISLAND FL 33937

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 607.0602 and 607.0603, 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 Sections 607.0602, Florida Statutes.

SIGNATURE

Signature of the registered agent (to be filled in by the registered agent)

Signature of the new registered agent (to be filled in by the new registered agent)

86.

12. OTHER RELEVANT OFFICERS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '95

OFFICER	PT
NAME	VENDITI, LOUIS A
STREET ADDRESS	4 GRIFFITHS LANE
CITY, STATE, ZIP	SCOTIA NY 12302
OFFICER	VPS
NAME	VENDITI, JEAN C
STREET ADDRESS	4 GRIFFITHS LANE
CITY, STATE, ZIP	SCOTIA NY 12302
OFFICER	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
OFFICER	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
OFFICER	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

OFFICER	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I certify that the information supplied with this filing is voluntarily furnished and that I am fully liable for the provisions related to Section 199.032(4), Florida Statutes. I further certify that the information included on this annual report or required annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. If I am an officer or director of the corporation for the reason or reasons expressed to register this report, as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, I am an affidavit with an address.

SIGNATURE: *Jean C. Venditti* Jean C Venditti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 518 370 0731
REGISTERED AGENT