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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000001252 (5)**

1. Corporation Name

VENTURE AIRWAYS, INC.



Principal Place of Business

603 MAIN STREET
WINDERMERE FL 34786
US

Mailing Address

603 MAIN STREET
SUITE 600
WINDERMERE FL 34786
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 603 Main Street

27 Suite, Apt. #, etc.

28 Windermere, FL

29 Zip

30 Country

9. Name and Address of Current Registered Agent

DIZNEY, DONALD R
603 MAIN ST
WINDERMERE FL 34786

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
03/14/1994

3a. Date of Last Report
03/21/1995

4. FEI Number
56-1230341

Applied For
Not Applicable

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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. Said change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed in block, in capital letters, last name first.

Signature typed or printed in block, in capital letters, first name first.

DATE

12. OFFICERS AND DIRECTORS		
TITLE	CS	<input type="checkbox"/> DELETE
NAME	DIZNEY, DONALD R	
STREET ADDRESS	603 MAIN ST	
CITY-ST-ZIP	WINDERMERE FL	
TITLE	PSD	<input type="checkbox"/> DELETE
NAME	ENGLISH, JAMES E.	
STREET ADDRESS	603 MAIN ST	
CITY-ST-ZIP	WINDERMERE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BARKMAN, KEVIN	
STREET ADDRESS	603 MAIN ST	
CITY-ST-ZIP	WINDERMERE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROSELL, SANDY	
STREET ADDRESS	603 MAIN ST	
CITY-ST-ZIP	WINDERMERE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DELEHUNT, JANINE	
STREET ADDRESS	603 MAIN ST	
CITY-ST-ZIP	WINDERMERE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	CsD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Dizney, Donald R.
13 STREET ADDRESS	603 Main St., Windermere, FL
14 CITY-ST-ZIP	
21 TITLE	PsD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	English, James E.
23 STREET ADDRESS	603 Main St., Windermere, FL
24 CITY-ST-ZIP	
31 TITLE	Vs <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Barkman, Kevin
33 STREET ADDRESS	603 Main St., Windermere, FL
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Janine S. Delehunt* Janine S. Delehunt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/96

407) 876-2200

CR2E034 (12/95)