

5-15-98 B7412 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000004326 (1)**

1. Corporation Name

VENICE RESOURCES, INC.



Principal Place of Business

**155 STATE STREET
HACKENSACK NJ 07601**

Mailing Address

**155 STATE STREET
HACKENSACK NJ 07601**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/18/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number -APPLIED FOR 22-3534796	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**NRAI, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed and printed name of registered agent and fee, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PCD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	DIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	FARRELL, WILLIAM D		1.2 NAME	GERALD H. ALLEN			
STREET ADDRESS	155 STATE STREET		1.3 STREET ADDRESS	155 STATE ST.			
CITY-ST-ZIP	HACKENSACK NJ		1.4 CITY-ST-ZIP	HACKENSACK, NJ 07601			
TITLE	VTD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VITIS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	O'MALLEY III, JOHN P		2.2 NAME	GEOFFREY A. WHYNOT			
STREET ADDRESS	155 STATE STREET		2.3 STREET ADDRESS	155 STATE ST.			
CITY-ST-ZIP	HACKENSACK NJ		2.4 CITY-ST-ZIP	HACKENSACK, NJ 07601			
TITLE	V	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	FIELDS, GARY I		3.2 NAME				
STREET ADDRESS	155 STATE STREET		3.3 STREET ADDRESS				
CITY-ST-ZIP	HACKENSACK NJ		3.4 CITY-ST-ZIP				
TITLE	V	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LARSEN, CARL B		4.2 NAME				
STREET ADDRESS	155 STATE STREET		4.3 STREET ADDRESS				
CITY-ST-ZIP	HACKENSACK NJ		4.4 CITY-ST-ZIP				
TITLE	V	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FARRELL, ROBERT L		5.2 NAME				
STREET ADDRESS	155 STATE STREET		5.3 STREET ADDRESS				
CITY-ST-ZIP	HACKENSACK NJ		5.4 CITY-ST-ZIP				
TITLE	AS	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DAVIS, STEPHEN M		6.2 NAME				
STREET ADDRESS	711 5TH AVENUE		6.3 STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

[Signature]

4/13/98

CR2E034 (10/97)