

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G28948** (9)

1. Corporation Name
STUD VENI, INC.



Principal Place of Business

**4410 S.W. 73 TERRACE
DAVIE FL 33314**

Mailing Address

**4410 S.W. 73 TERRACE
DAVIE FL 33314**

3. Date Incorporated or Qualified
03/22/1983

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

2. Principal Place of Business
21 **96th WAY 1580, N.W.**

2a. Mailing Address
26 **96th WAY 1580, N.W.**

4. FEI Number
52-1349423

Applied For
Not Applicable

22 Suite, Apt. #, etc.
23 **PEMBROKE PINES, FL**

27 Suite, Apt. #, etc.
28 **PEMBROKE PINES, FL**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☒ **\$5.00 May Be Added to Fees**

24 Zip **33024** 25 Country **U.S.A.**

29 Zip **33024** 30 Country **U.S.A.**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRATT, ERNEST A
4410 S.W. 73RD TERRACE
DAVIE FL 33314**

81 Name **ERNEST A. BRATT**
82 Street Address (P.O. Box Number is Not Acceptable)
1580 N.W., 96th WAY
83
84 City **PEMBROKE PINES FL** 85 Zip Code **33024**

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 or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PO	BRATT, ERNEST A.	4410 S.W. 73 TERRACE	DAVIE FL	<input type="checkbox"/>
TD	BRATT, JONATHAN A	4410 SW 73RD TERR	DAVIE FL	<input type="checkbox"/>
SD	HUSKINS, EULA URSULA	4410 S.W. 73 TERRACE	DAVIE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
PD.	ERNEST A. BRATT	1580, N.W. 96 th WAY	PEMBROKE PINES, FLORIDA, 33024	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD.	JONATHAN A. BRATT	1580, N.W. 96 th WAY	PEMBROKE PINES, FLORIDA, 33024	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD.	EULA URSULA HUSKINS	1580, N.W. 96 th WAY	PEMBROKE PINES, FLORIDA, 33024	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

ERNEST A. BRATT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/19/96** (95A) 470-1082

CR2E034 (12/95)