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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **G77950** **(5)**

1. Corporation Name
VENICE IMPORTS CO.

Principal Place of Business:	Mailing Address:
1700 SO TRAIL **VENICE FL 34293** **US**	**1700 SO TRAIL** **VENICE FL 34293** **US**

3. Date Incorporated or Qualified: **01/10/1984**
3a. Date of Last Report: **01/23/1996**

4. FEI Number: **59-2441860** (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

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

9. Name and Address of Current Registered Agent

WILSON, MARY BETH
1700 SO TRAIL
VENICE FL 34293

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 607.1203, 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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	[ ] DELETE	11 TITLE [ ] Change [ ] Addition
NAME	WILSON, MARY BETH		12 NAME
STREET ADDRESS	1700 SO TRAIL		13 STREET ADDRESS
CITY-ST-ZIP	VENICE FL		14 CITY-ST-ZIP
TITLE		[ ] DELETE	21 TITLE [ ] Change [ ] Addition
NAME			22 NAME
STREET ADDRESS			23 STREET ADDRESS
CITY-ST-ZIP			24 CITY-ST-ZIP
TITLE		[ ] DELETE	31 TITLE [ ] Change [ ] Addition
NAME			32 NAME
STREET ADDRESS			33 STREET ADDRESS
CITY-ST-ZIP			34 CITY-ST-ZIP
TITLE		[ ] DELETE	41 TITLE [ ] Change [ ] Addition
NAME			42 NAME
STREET ADDRESS			43 STREET ADDRESS
CITY-ST-ZIP			44 CITY-ST-ZIP
TITLE		[ ] DELETE	51 TITLE [ ] Change [ ] Addition
NAME			52 NAME
STREET ADDRESS			53 STREET ADDRESS
CITY-ST-ZIP			54 CITY-ST-ZIP
TITLE		[ ] DELETE	61 TITLE [ ] Change [ ] Addition
NAME			62 NAME
STREET ADDRESS			63 STREET ADDRESS
CITY-ST-ZIP			64 CITY-ST-ZIP

14. I do hereby certify that the information contained 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 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 added on an attachment with an address.

SIGNATURE Mary Beth Wilson 1/14/97 941-484-6279

CR2E034 (9/96)