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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # J19542

1. Corporation Name

VENTIVA, INC.

## FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90027 047 \*\*\*150.00

•								ı,
Principal Place	e of Business	Mailing Address						1
C/O PHILIP L. BURNETT		C/O PHILIP L. BURNETT	C/O PHILIP L. BURNETT			,		
2449 FIRST STREET		2449 FIRST STREET				DO NOT WRITE IN THIS SPACE		
FORT MYERS F	FL 33901	FORT MYERS FL 33901					· · · · · · · · · · · · · · · · · · ·	ı
						3. Date Incorporated or Qualifed 06/11/1986	ţ	
2 Dissipal D		2a. Mailing Address					pplied For	
	lace of Business	— <u> </u>				<b>1</b> 11 1 11 11 11 11 11 11 11 11 11 11 11	lot Applicable	ı
21	# -40	Suite, Apt. #, etc.				\$8.75	Additional	
Suite, Apt.	#, etc.	27				E Contiferto of Status Desired	Required	
22 City & State		City & State	~******			-8: Election Campaign Financing \$5.00	May Be	
<b>⊢</b> , '	ic.	28				· · · · · · · · · · · · · · · · · · ·	I to Fees	$\bigcap$
23	Country	Zip	Cou	intry		8. This corporation owes the current year Intangible		1
24	25		30			Personal Property Tax.	□No	,
	9. Name and Address of Curr		1001			10. Name and Address of New Registered Agent		ļ
:				81	Name			
BUR	nett, Philip L.			82	Charact Add	ress (P.O. Box Number is Not Acceptable)		
2449 FIRST STREET				02	Street Add	Idress (P.O. Box Number is Not Acceptable)		
FOR	T MYERS FL 33901			83				
	•					. las l'ion	Code	
				84	City	FL 85 Zip	(Code	
11. Pursuant	to the provisions of Sections 607.0	to of Florida, Such change was a	uthorize	10046-	-named con	poration submits this statement for the purpose of changing it on's board of directors. I hereby accept the appointment as i	egistered	1
office or r agent. I a SIGNATURE	im familiar with, and accept the obli	gations of, Section 607.0505, Flo	noa Stat	tutes.	ne corporau			
agent. I a SIGNATURE	Im familiar with, and accept the obli-	gations of, Section 607.0505, FIO	: Registered	d Agent	ne corporau	ed when reinstating) DATE		(86)
agent. I a SIGNATURE 12.	Im familiar with, and accept the obli- Signature, typed or printed name of registered a OFFICERS	gations of, Section 607.0505, Flo	noa Stat	d Agent	ne corporau		ORS IN 12	(11/98)
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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, with all other like empowered.

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING PRICER OR DIRECTOR

1/4/99 (941) 334-1922 Easting Phone #