## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J31877
1. Corporation Name
VENTURA INN, INC.

Mailing Address

Principal Place of Business

(0)

## **FILED** May 06 1997 8:00am Secretary of State

W LOUISE M. PROVENZANO 720 NORTH FEDERAL HIGHWAY HOLLYWOOD FL 33020		720 NORTH FEDERAL HIG	% LOUISE M. PROVENZANO 720 NORTH FEDERAL HIGHWAY HOLLYWOOD FL 33020-4037				<b>T</b>			
1						3. Date Incorporated or Qualified 09/05/1986	3a. Date of 02/27/1		eport .	
<del></del>	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	1	Αρ	plied For	
21	H aba	26				59-2784713 Not App				
Sulte, Apt.	#, etc.	Suite, Apt. #, otc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	d S8.75 Additional Fee Required			
City & State	9	City & State				Election Campaign Financing     Trust Fund Contribution				
Zip	Country	Zip	ip Country			8. This corporation has liability for intangible tax under s. 199.032,				
24	25	[29]			Florida Statutes 🔀 Yes 🗌 No					
Dho	9, Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New Reg	Istered Ager	rt 		
PROVENZANO, LOUISE M. 720 NORTH FEDERAL HIGHWAY							<del>, ,</del>	a		
HOL			82	Street Addr	t Address (P.O. Box Number is Not Acceptable)					
			83							
			ļ	84	City		FL B	Zip C	Code	
11. Pursuant	to the provisions of Sections 607.00	02 and 607.1508, Florida Statu	ites, the at	ovo:	hamed corp	poration submits this statement for the purious heard of directors. Thereby accept	rpose of cha	nging its	s registered	
agent. I a	m familiar with, and accord the obli	gations of, Section 617.0505, F	Iorida Stat	ules.		ion's hoard of directors. I hereby accep		. 1	ادي	
SIGNATURE	Signature, typed or printed no ic of registering	Mill and tille if application (NO	III Bonistores	LAnco	······································	red when reinstating)	4/28	19		
12.		ND DIRECTORS	13.	- rage	i. signatore recor	ADDITIONS/CHANGES TO OFFICE	ERS AND DIF	ECTOR:	S IN 12	
TITLE	DP	☐ DELETE	1.1 10	ILE				Change	Addition	
NAME	PROVENZANO, LOUISE		1.2 NA	ME						
STREET ADDRESS	720 N FEDERAL HIGHWAY HOLLYWOOD FL				ADURESS					
CHY-ST-ZIP TITLE	HOLLINOOD FL	DELETE	1.4 CF 2.1 TH		- ZIP			Change	Addition	
NAME		בַ טּננונ	2.1 III 2.2 NA					unange	LT MUDITION	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			2.4 CI			•			i	
TITLE		☐ DELETE	3.11 111					Change	Addition	
NAME	-		3.½ NA	ME						
STREET ADDRESS			3 3 \$1	REE1 A	Address					
CITY-ST-ZIP			3 4. CI		1 - Z(P					
TITLE		☐ DELETE	4.5 10		- 1			Change	Addition	
NAME DESCRIPTION OF			4. 2 N/							
STREET ADDRESS CITY-ST-ZIP			4.3 S1 4.4 CI		ADDRESS					
TITLE		DELETE	5.1 TIT		- cH		TT	Change	Addition	
NAME		<del></del>	5.2 NA							
STREET ADDRESS					ADORESS					
CITY-ST-ZIP	·		5;4 CH	1Y-\$1	· 20P					
JITLE		DELETE	61111		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			Change	Addition	
NAME			6,2 NA	ME						
STREET ADDRESS	,		6,3 \$1	REET A	Address					
CITY-ST-ZIP			6,4 Cf	1Y-S1	-719					

I do 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 in the reset of the corporation of the corporation of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name