

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 # K02305 (6)

1. Corporation Name

VENTURE 7 CORPORATION



Principal Place of Business

1074 HYACINTH PL  
WELLINGTON FL 33414  
US

Mailing Address

4851 WINDMILL PALM TERR  
ST. PETERBURG FL 33703  
US

3. Date Incorporated or Qualified  
11/17/1987

3a. Date of Last Report  
03/23/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

65-0015773

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOMAGNO, VIRGINIA M.  
4851 WINDMILL PALM TERR NE  
ST. PETE FL 33703

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	D	ERICKSON, JOHN F.	437 NEW JERSEY AVE SE WASHINGTON DC	<input type="checkbox"/>
	P	LOMAGNO, VIRGINIA M	4851 NE WINDMILL PALM TERR ST. PETE FL	<input type="checkbox"/>
	D	FINOCCHIETTI, FRANCES	13838 ELDER COURT W. PALM BEACH FL	<input checked="" type="checkbox"/>
	DST	HARRIS, SHERWIN	13538 NORTHUMBERLAND W. PALM BEACH FL	<input type="checkbox"/>
	D	ROSSI, PHILIP AND MAR	14480 HALTER RD. W. PALM BEACH FL 33414	<input type="checkbox"/>
	D	LARKIN, ELIZABETH	7800 RIDGE RD APT. 101C SEMINOLE FL	<input type="checkbox"/>

1 1 TITLE	1 2 NAME	1 3 STREET ADDRESS	1 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			20003	
2 1 TITLE	2 2 NAME	2 3 STREET ADDRESS	2 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			33703	
3 1 TITLE	3 2 NAME	3 3 STREET ADDRESS	3 4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		GABRIEL & FRANCES FINOCCHIETTI C/O ALVIK 4428 ALFORD WAY WELLINGTON, FL	33414	
4 1 TITLE	4 2 NAME	4 3 STREET ADDRESS	4 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		HARRIS, SHERWIN + SARA	33414	
5 1 TITLE	5 2 NAME	5 3 STREET ADDRESS	5 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 1 TITLE	6 2 NAME	6 3 STREET ADDRESS	6 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			34642	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VIRGINIA LOMAGNO, PRES 822-9111  
11/19/01

CR2E034 (12/95)