

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

FILED  
Apr 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K02305 (6)  
1. Corporation Name  
VENTURE 7 CORPORATION

Principal Place of Business	Mailing Address
1074 HYACINTH PL WELLINGTON FL 33414 US	4851 WINDMILL PALM TERR ST. PETERBURG FL 33703-6310 US

3. Date Incorporated or Qualified 11/17/1987	3a. Date of Last Report 01/23/1996
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2. Principal Place of Business	2a. Mailing Address
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21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
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22 City & State	27 City & State
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23 Zip	Country	28 Zip	Country
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24	25	29	30
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4. FEI Number 65-0015773	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	ERICKSON, JOHN F.	
STREET ADDRESS	437 NEW JERSEY AVE SE	
CITY - ST - ZIP	WASHINGTON DC	

TITLE	P	<input type="checkbox"/> DELETE
NAME	LOMAGNO, VIRGINIA M	
STREET ADDRESS	4851 NE WINDMILL PALM TERR	
CITY - ST - ZIP	ST. PETE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GABRIEL/FRANCES FINOCCHIETTI	
STREET ADDRESS	C/O ALVIK, 4428 ALFORD WAY	
CITY - ST - ZIP	WELLINGTON FL	

TITLE	DST	<input type="checkbox"/> DELETE
NAME	HARRIS, SHERWIN/SARA	
STREET ADDRESS	13538 NORTHUMBERLAND	
CITY - ST - ZIP	W. PALM BEACH FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSSI, PHILIP AND MAR	
STREET ADDRESS	14480 HALTER RD.	
CITY - ST - ZIP	W. PALM BEACH FL 33414	

TITLE	D	<input type="checkbox"/> DELETE
NAME	LARKIN, ELIZABETH	
STREET ADDRESS	7600 RIDGE RD APT. 101C	
CITY - ST - ZIP	SEMINOLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. 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 if changed, or on an attachment with an address.

SIGNATURE:

*Virginia M. Lomagno*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
VIRGINIA LOMAGNO

4/21/97 (813) 822-9111  
Date Daytime Phone #

0373471

CR2E034 (9/96)