

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90040 024 ***150.00

DOCUMENT # K02305

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/17/1987

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

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

TITLE ☐ DELETE

NAME
D ERICKSON, JOHN F.
STREET ADDRESS
437 NEW JERSEY AVE SE
CITY-ST-ZIP
WASHINGTON DC 20003

TITLE ☐ DELETE

NAME
P LOMAGNO, VIRGINIA M
STREET ADDRESS
4851 NE WINDMILL PALM TERR
CITY-ST-ZIP
ST. PETE FL 33703

TITLE ☐ DELETE

NAME
D GABRIEL/FANCES FINOCCHETTI
STREET ADDRESS
12793 G FOREST HILL BLVD
CITY-ST-ZIP
WELLINGTON FL 33414

TITLE ☐ DELETE

NAME
DST HARRIS, SHERWIN/SARA
STREET ADDRESS
13538 NORTHUMBERLAND
CITY-ST-ZIP
W. PALM BEACH FL 33414

TITLE ☐ DELETE

NAME
D ROSSI, PHILIP AND MAR
STREET ADDRESS
14480 HALTER RD.
CITY-ST-ZIP
W. PALM BEACH FL 33414

TITLE ☐ DELETE

NAME
D 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

10111 Tarpon Dr.
Treasure Island, FL 33706

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:

Virginia Lomagnone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99 (727) 822-9111
Date Daytime Phone #

CR2E034 (11/98)

0405998