

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K05158 (6)**

1. Corporation Name
VENTURE CIRCLE ENTERPRISES, INC.



Principal Place of Business: % IVOR A. SINGER, JR. 6966 VENTURE CIRCLE ORLANDO FL 32807
Mailing Address: % IVOR A. SINGER, JR. 6966 VENTURE CIRCLE ORLANDO FL 32807

3. Date Incorporated or Qualified: **11/25/1987**
3a. Date of Last Report: **01/31/1995**

2. Principal Place of Business: 21
2a. Mailing Address: 26

4. FEI Number: **59-2864573**
Applied For: Not Applicable

22. State, Apt. #, etc.: 27
23. City & State: 28

5. Certificate of Status Desired:
\$8.75 Additional Fee Required

24. Zip: 25 Country: 29
26. State, Apt. #, etc.: 27
27. City & State: 28

6. Election Campaign Financing Trust Fund Contribution:
\$5.00 May Be Added to Fees

28. Zip: 29 Country: 30

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

SINGER, IVOR A., JR.
6966 VENTURE CIRCLE
ORLANDO FL 32807

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SINGER, IVOR A.	
STREET ADDRESS	1616 TIOGA TR	
CITY-STATE-ZIP	WINTER PARK FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SINGER, MARY SCOTT	
STREET ADDRESS	1616 TIOGA TR	
CITY-STATE-ZIP	WINTER PARK FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DONACHIE, JOHN H.	
STREET ADDRESS	617 TRINIDAD CT.	
CITY-STATE-ZIP	WINTER PARK FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SINGER, DOROTHY M.	
STREET ADDRESS	6070 TWIN LAKES DR.	
CITY-STATE-ZIP	OVIEDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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: *Mary Scott Singer* President 216/96 (408) 677-6004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)