

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

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Feb 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K07108 (9)

1. Corporation Name
VENTURE CIRCLE WAREHOUSES, INC.

Principal Place of Business Mailing Address
501 E. JACKSON ST 501 E. JACKSON ST
ORLANDO FL 32801 ORLANDO FL 32801-2859

3. Date Incorporated or Qualified 12/14/1987 3a. Date of Last Report 04/15/1996
4. FEI Number 59-2965341 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
SCHIEFERDECKER, HOWARD A 81 Name
501 E JACKSON ST 82 Street Address (P.O. Box Number is Not Acceptable)
FIRST FLOOR 83
ORLANDO FL 32801 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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D 11 TITLE Change Addition
NAME SCHIEFERDECKER, HOWARD. 12 NAME
STREET ADDRESS 501 E. JACKSON ST 13 STREET ADDRESS
CITY - ST - ZIP ORLANDO FL 14 CITY - ST - ZIP
TITLE D 21 TITLE Change Addition
NAME BOLEN, JAMES L. 22 NAME
STREET ADDRESS 501 E. JACKSON ST 23 STREET ADDRESS
CITY - ST - ZIP ORLANDO FL 24 CITY - ST - ZIP
TITLE D 31 TITLE Change Addition
NAME BUTLER, GAY 32 NAME
STREET ADDRESS 501 E. JACKSON ST 33 STREET ADDRESS
CITY - ST - ZIP ORLANDO FL 34 CITY - ST - ZIP
TITLE D 41 TITLE Change Addition
NAME KIMBROUGH, ORMAN L., JR 42 NAME
STREET ADDRESS 238 S. LUCRENE CIRCLE 43 STREET ADDRESS
CITY - ST - ZIP ORLANDO FL 44 CITY - ST - ZIP
TITLE D 51 TITLE Change Addition
NAME MYLREA, BRUCE 52 NAME
STREET ADDRESS 608 E. CENTRAL AVE 53 STREET ADDRESS
CITY - ST - ZIP ORLANDO FL 54 CITY - ST - ZIP
TITLE D 61 TITLE Change Addition
NAME THORNTON, ROBERT 62 NAME
STREET ADDRESS 501 E. JACKSON ST 63 STREET ADDRESS
CITY - ST - ZIP ORLANDO FL 64 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1/30/97 (407) 843-1862

CR2E034 (9/96)