

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

**FILED**  
**Jan 23 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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 ORLANDO FL 32801** **501 E. JACKSON ST ORLANDO FL 32801**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/14/1987**  
 4. FEI Number **59-2965341** 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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 **125 S. Swoope Ave.** 26 **125 S. Swoope Ave.**  
 Suite, Apt #, etc. Suite, Apt. #, etc.  
 22 **Suite 103** 27 **Suite 103**  
 City & State City & State  
 23 **Maitland, Florida** 28 **Maitland, Florida**  
 Zip Country Zip Country  
 24 **32751** 25 **Orange** 29 **32751** 30 **Orange**

g. Name and Address of Current Registered Agent  
**SCHIEFERDECKER, HOWARD A**  
**501 E JACKSON ST**  
**FIRST FLOOR**  
**ORLANDO FL 32801**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**125 S. Swoope Ave.**  
 83 **Suite 103**  
 84 City **Maitland** FL 85 Zip Code **32751**

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

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SCHIEFERDECKER, HOWARD.</b>
STREET ADDRESS	<b>501 E. JACKSON ST</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BOLEN, JAMES L.</b>
STREET ADDRESS	<b>501 E. JACKSON ST</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BUTLER, GAY</b>
STREET ADDRESS	<b>501 E. JACKSON ST</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>KIMBROUGH, ORMAN L., JR</b>
STREET ADDRESS	<b>236 S. LUCRENE CIRCLE</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MYLREA, BRUCE</b>
STREET ADDRESS	<b>608 E. CENTRAL AVE</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>THORNTON, ROBERT</b>
STREET ADDRESS	<b>501 E. JACKSON ST</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>125 S. Swoope Ave., Suite 103</b>
1.4 CITY-ST-ZIP	<b>Maitland, Florida 32751</b>
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 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: **HOWARD A SCHIEFERDECKER**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/98

CR2E084 (10/97)