

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

05 MAY - 1 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K12880 (6)

1. Corporation Name
VENTURE ONE, INC.

Principal Place of Business % CHRIS ZACCO 2031 SW 70TH AVE. BLDG C. MANAGER'S OFFICE DAVIE FL 33317	Mailing Address % CHRIS ZACCO 2031 SW 70TH AVE. BLDG C. MANAGER'S OFFICE DAVIE FL 33317
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/20/1988	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0034516	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent
**ZACCO, CHRIS
2031 SW 70TH AVE
BLDG C, MANAGER'S OFFICE
DAVIE FL 33317**

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 _____ DATE _____
Signature: typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ZACCO, CHRIS
STREET ADDRESS	2031 SW 70TH AVE #C
CITY - ST - ZIP	DAVIE FL
TITLE	D
NAME	ZACCO, MARIO
STREET ADDRESS	2031 S.W. 70TH AVE.
CITY - ST - ZIP	DAVIE FL
TITLE	D
NAME	ZACCO, JOHN
STREET ADDRESS	2031 S.W. 70TH AVE.
CITY - ST - ZIP	DAVIE FL
TITLE	D
NAME	LASORSA, ANTHONY
STREET ADDRESS	2021 S.W. 70TH AVE.
CITY - ST - ZIP	DAVIE FL
TITLE	D
NAME	LASORSA, FRANK
STREET ADDRESS	2021 S.W. 70TH AVE.
CITY - ST - ZIP	DAVIE FL
TITLE	D
NAME	LASORSA, NICHOLAS
STREET ADDRESS	2021 S.W. 70TH AVE.
CITY - ST - ZIP	DAVIE 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information reported 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, on an attachment with an address.

SIGNATURE: *Anthony Lasorsa* 21 Apr 95 4745537
Typed Name and Title of Officer or Director