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Feb 23, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # K27575

1. Corporation Name
VENTRIM, INC.

Principal Place of Business

2501 HOLLYWOOD BLVD.
#220
HOLLYWOOD FL 33020

Mailing Address

2501 HOLLYWOOD BLVD.
#220
HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/05/1988

4. FEI Number

65-0101788

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 10755 SW 72 ST

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FL

Zip

33173

Country

24

25

2a. Mailing Address

26 10755 SW 72 STREET

Suite, Apt. #, etc.

27

City & State

28 MIAMI, FL

Zip

33173

Country

29

30

9. Name and Address of Current Registered Agent

SCHARLIN, DAVID MICHAEL

2501 HOLLYWOOD BLVD.

SUITE 220

HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name

(Same)

82 Street Address (P.O. Box Number is Not Acceptable)

10755 S.W. 72 STREET

83

84 City

MIAMI

FL

85 Zip Code

33173

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

1/6/99

12.

OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME FISHER, RANDALL C.

STREET ADDRESS 7540 SW 114TH ST

CITY-ST-ZIP MIAMI FL

TITLE STD ☐ DELETE

NAME SCHARLIN, DAVID MICHAEL

STREET ADDRESS 3635 BATTERSEA ROAD

CITY-ST-ZIP COCONUT GROVE FL

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID MICHAEL SCHARLIN

Date

1/6/99

Daytime Phone #

(305) 598-0280

CR2E034 (11/93)