

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 13, 1999 8:00 am
Secretary of State

07-13-1999 90003 020 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **K47832**
 Corporation Name
VENUS MANUFACTURING, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 1711 MARCO BEACH DRIVE 11711 MARCO BEACH DRIVE
 SUITE 6 SUITE 6
 JACKSONVILLE FL 32224-7615 JACKSONVILLE FL 32224-7615
 US

3. Date Incorporated or Qualified
11/21/1988
 4. FEI Number
59-2930386 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 the current year Intangible Personal Property. Yes No

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

9. Name and Address of Current Registered Agent
BRANT, MOORE, MACDONALD & WELLS, P.A.
50 N. LAURA STREET
SUITE 3100
JACKSONVILLE FL 32202

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

I, 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

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
LE	PTD REINFENSNYDER, ROGER R <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	11200 ST. JOHNS IND. PKWY. 11711 Marco Beach	1.2 NAME
STREET ADDRESS	JACKSONVILLE FL Jacksonville, FL	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
Y-ST-ZIP	JACKSONVILLE FL Jacksonville, FL 32224	2.2 NAME
LE	VS REINFENSNYDER, LETTIA F <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	11200 ST. JOHNS IND. PKWY. 11711 Marco Beach	3.2 NAME
STREET ADDRESS	JACKSONVILLE FL Jacksonville, FL	3.3 STREET ADDRESS
Y-ST-ZIP	JACKSONVILLE FL Jacksonville, FL 32224	3.4 CITY-ST-ZIP
LE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
Y-ST-ZIP		4.4 CITY-ST-ZIP
LE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
Y-ST-ZIP		5.4 CITY-ST-ZIP
LE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
Y-ST-ZIP		6.4 CITY-ST-ZIP

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: *Brant Moore Macdonald & Wells, P.A.* 7/6/99 904-645-387
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)