

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

FILED

Feb 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K49291 (3)  
1. Corporation Name  
FLORIDA VENTURE FUND, INC.

Principal Place of Business 150 SOUTH PINE ISLAND RD SUITE 100 PLANTATION FL 33324	Mailing Address 150 SOUTH PINE ISLAND RD SUITE 100 PLANTATION FL 33324
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/05/1988	
4. FEI Number 65-0154103	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 ONE EAST BROWARD BLVD Suite, Apt. #, etc. 22 SUITE 700 City & State 23 FT LAUDERDALE FL Zip 24 33301	2a. Mailing Address 26 ONE EAST BROWARD BLVD Suite, Apt. #, etc. 27 SUITE 700 City & State 28 FT LAUDERDALE FL Zip 29 33301	Country 25 USA 30 USA
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9. Name and Address of Current Registered Agent FLORIDA INCORPORATORS, INC. 1221 BRICKELL AVENUE SUITE 900 MIAMI FL 33131		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	D HACKNEY, ROBERT C. 1155 LOUISVILLE AVE STE 100 WINTER PARK FL 32789	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> DELETE	PD PERKINS, VAN R ONE EAST BROWARD BLVD 150 SOUTH PINE ISLAND RD PLANTATION FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PD PERKINS, VAN R ONE EAST BROWARD BLVD, STE 700 FT LAUDERDALE FL 33301
<input checked="" type="checkbox"/> DELETE	VSD MCADAM, GARY J ONE EAST BROWARD BLVD 150 SOUTH PINE ISLAND RD PLANTATION FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VSD MCADAM, GARY J ONE EAST BROWARD BLVD, STE 700 FT LAUDERDALE, FL 33301
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:

VAN R PERKINS, PRESIDENT 02/08/98 763-2080

CR2E034 (10/97)