

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # L00455

(0)

1. Corporation Name
WENTURA CORP.

Principal Place of Business
1356 RICHWOOD CIRCLE
ROCKLEDGE FL 32955

Mailing Address
1356 RICHWOOD CIRCLE
ROCKLEDGE FL 32955

APPROVED
AND
FILED

95 MAY -1 PM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/03/1989	3a. Date of Last Report 04/08/1994
4. FEI Number 59-2955600	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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business 21. 1384 HERITAGE ACRES Suite, Apt. #, etc. 22. SUITE A City & State 23. ROCKLEDGE FL Zip 24. 32955	2a. Mailing Address 26. 1384 HERITAGE ACRES Suite, Apt. #, etc. 27. SUITE A City & State 28. ROCKLEDGE FL Zip 29. 32955	Country 25. USA 30. USA
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9. Name and Address of Current Registered Agent

BAR-NAVON, BOAZ
1356 RICHWOOD CIRCLE
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS	1.1 TITLE	☐ Change ☐ Addition
NAME	BAR-NAVON, BOAZ	1.2 NAME	
STREET ADDRESS	1356 RICHWOOD CIRCLE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ROCKLEDGE FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BAR-NAVON, BOAZ	2.2 NAME	
STREET ADDRESS	1356 RICHWOOD CIRCLE	2.3 STREET ADDRESS	
CITY - ST - ZIP	ROCKLEDGE FL	2.4 CITY - ST - ZIP	
TITLE	VAS	3.1 TITLE	☐ Change ☐ Addition
NAME	BAR-NAVON, DONNA	3.2 NAME	
STREET ADDRESS	1356 RICHWOOD CIRCLE	3.3 STREET ADDRESS	
CITY - ST - ZIP	ROCKLEDGE FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BAR-NAVON, DONNA	4.2 NAME	
STREET ADDRESS	1356 RICHWOOD CIRCLE	4.3 STREET ADDRESS	
CITY - ST - ZIP	ROCKLEDGE FL	4.4 CITY - ST - ZIP	
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	BAR-NAVON, BOAZ	5.2 NAME	
STREET ADDRESS	1356 RICHWOOD CIRCLE	5.3 STREET ADDRESS	
CITY - ST - ZIP	ROCKLEDGE FL 32955	5.4 CITY - ST - ZIP	
TITLE	MICHEL ACHKAR	6.1 TITLE	☐ Change ☒ Addition
NAME	1384 HERITAGE ACRES BLDG.	6.2 NAME	
STREET ADDRESS	ROCKLEDGE FL 32955	6.3 STREET ADDRESS	
CITY - ST - ZIP		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 119.07(3)(k), 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 the 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:

Signature and typed or printed name of signing officer or director

1/15/95 (107) 690-2222
Date Date/Time Printed