

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra P. Morhan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L00956**

(7)

1. Corporation Name

VENICE FIRE EXTINGUISHER, INC.



Principal Place of Business

**MICHAEL R PAUL
264 WARFIELD AVENUE SOUTH
VENICE FL 34292**

Mail/GA Files

**MICHAEL R PAUL
264 WARFIELD AVENUE SOUTH
VENICE FL 34292**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

**PAUL, MICHAEL R
2555 PORTLAND ST
SARASOTA 34231**

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified
07/11/1989

3a. Date of Last Report
04/27/1995

4. FID Number
65-0129146

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

10. Name and Address of New Registered Agent

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL, MICHAEL R.	
STREET ADDRESS	2555 PORTLAND ST.	
CITY, ST, ZIP	SARASOTA FL	
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL, MICHAEL R	
STREET ADDRESS	2555 PORTLAND ST.	
CITY, ST, ZIP	SARASOTA FL	
TITLE	TS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARMENTROUT, MARY G	
STREET ADDRESS	140 HERMES RD.	
CITY, ST, ZIP	VENICE FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	34231
15 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	
18 CITY, ST, ZIP	34231
19 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY, ST, ZIP	34293
23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY, ST, ZIP	
27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME	
29 STREET ADDRESS	
30 CITY, ST, ZIP	

14. I do hereby certify that the information supplied by the registrant is true and correct 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; the release 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 change of or on another line of this address.

SIGNATURE: **MICHAEL R PAUL** *Michael R Paul*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-96

941-925-1599

CR2E034 (12/95)