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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # L95523**

1. Corporation Name

VENTU	RES BY R & R, INC.					<b>.</b> 
Principal Pla	ce of Business	Mailing Address			E DIOLEI OCHCI DIOLE	HIGH BIBII IBBI
N. OCEAN AVE.		4 BURMA PL				
BEACH FL 32118		#2217		DO NOT WRITE IN TU	UO CDACE	
2		PALM COAST FL 32137 US		DO NOT WRITE IN TH  3. Date Incorporated or Qualifed	IS SPACE	
		00		08/15/1990		
2. Principal I	Place of Business	2a. Mailing Address		4. FEI Number	A	pplied For
1		26 4 BURMA	PLACE	59-3040951	No	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	•	Additional equired
City & State		City & State 28 PALM COAST	FL	6. Election Campaign Financing  Trust Fund Contribution		May Be to Fees
Zip	Country 25	Zip	Country 4.5,	This corporation owes the current year     Personal Property Tax.	Intangible	I <b>X</b> ,No
· _	9. Name and Address of Cui	rent Registered Agent		10. Name and Address of New Registere	d Agent	
M	WAN DICHADD		81 Name V	YVYAN RICHARD		ļ
	YAN, RICHARD URMA PL		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
#22				BURMA PLACE		
	M COAST FL 32137		83			
				ALM COAST Forartion submits this statement for the purpose		Code 2/37
agent. I	am familiar with, and accept the ob Signature, typed or printed name of registered	agent and title if applicable. (NOTE: 5	da Statutes. Registered Agent signature requir		<u> </u>	,
:	PD	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
	VYVYAN, RICHARD	_ beceive	12 NAME		onange	
: I ADORESS	4 DUDILLA DI		1,3 STREET ADDRESS			
ST-ZIP	PALM COAST FL 32137		1.4 CITY-ST-ZIP			I
37-211	VD	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
	VYVYAN, TIFFANY		2.2 NAME			
···· : AIKUHES	4 BURMA PL		2.3 STREET ADDRESS			i
ST-ZIP	PALM COAST FL 32137		2.4 CITY-ST-ZIP			
		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
-			3.2 NAME	عجا المدارية فالمعين الرا	** ar 7	
I ANORES	3		3.3 STREET ADDRESS			
ST-ZIP	<u> </u>		3.4. CITY-ST-ZIP			A abditis -
		☐ DELETE	4.1 TITLE		☐ Change	Addition
			4 2 NAME			1
I AUURES	3		4.3 STREET ADDRESS			ļ
ST-ZIP	<del> </del>	☐ DELETE	4.4 C/TY-ST-Z/P 5.1 TITLE		☐ Change	Addition
		DELL'IC	5.2 NAME			
- r marata co			5.3 STREET ADDRESS			
: ADDRES: ST-ZIP			5.4 CITY-ST-ZIP			
31-21	<del></del>	T pereze	61 TITLE		Change	☐ Addition

Thereby 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 of the corporation of the corporation of 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 of the corporation of

6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

**FILED** 

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90106 011 \*\*\*150.00