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95 MAY -1 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Dorinda B. Norman
Secretary of State
JENNIFER C. COOPER, Assistant Secretary

DOCUMENT # L98515

(4)

1. Corporate Name

VENER CORPORATION

Principal Place of Business

3760 LEARWOOD DRIVE
LOXAHATCHEE FL 33470

Mailing Address

3760 LEARWOOD DRIVE
LOXAHATCHEE FL 33470

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification 09/10/1990	3a. Date of Last Report 05/01/1994
4. FCI Number 65-0225583	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 intangibles tax under S. 199.032, Florida Statutes. ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. State Apt. # etc. 22	26. 1421 WINDORAH WAY
23. City & State 27	27. G
24. WEST PALM BEACH.	28. FL 33411

9. Name and Address of Current Registered Agent

KAY C. WAKERLY
3760 LEARWOOD DRIVE
LOXAHATCHEE FL 33470

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 607.01, 607.02, and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as 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 understand the requirements of Sections 607.01, 607.02, and 607.1506, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME DP WAKERLEY, PETER 3760 LEARWOOD DRIVE LOXAHATCHEE FL		1. TITLE ☐ Change ☐ Addition	
NAME VPS WAKERLEY, KAY 3760 LEARWOOD DRIVE LOXAHATCHEE FL		2. TITLE ☒ Change ☐ Addition	
		3. NAME WAKERLEY KAY	
		4. STREET ADDRESS 1421 APT G WINDORAH WAY	
		5. CITY & STATE WEST PALM BEACH FL 33411	
		6. TITLE ☐ Change ☒ Addition	
		7. NAME WAKERLEY KAY	
		8. STREET ADDRESS 1421 APT G WINDORAH WAY	
		9. CITY & STATE WEST PALM BEACH FL 33411	
		10. TITLE ☐ Change ☐ Addition	
		11. NAME	
		12. STREET ADDRESS	
		13. CITY & STATE	
		14. TITLE ☐ Change ☐ Addition	
		15. NAME	
		16. STREET ADDRESS	
		17. CITY & STATE	
		18. TITLE ☐ Change ☐ Addition	
		19. NAME	
		20. STREET ADDRESS	
		21. CITY & STATE	
		22. TITLE ☐ Change ☐ Addition	

14. I, the undersigned, certify that the information supplied with this report is voluntarily furnished and shows true and equal, for the corporation stated in Section 199.032, Florida Statutes. I further certify that the information 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 or the person or persons empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1 of the foregoing report as an officer or director.

SIGNATURE:

Kay C Wakerly

KAY C WAKERLEY

4/28/95 (407) 688 0267

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR