FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # L98515 (4)

1. Corporation Name
VENER CORPORATION

Principal Place of Business
3760 LEARWOOD DRIVE
LOXAHATCHEE FL 33470

Mailing Address
1421 WINDORAH WAY
G
WEST PALM BEACH FL 33411
US

3. Date Incorporated or Qualified: 09/10/1990
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 8067 APACHE BLVD
Suite, Apt #, etc
27
City & State
28 LOXAHATCHEE FLORIDA
Zip 29 33470 Country 30 U.S.A.

4. FEI 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 intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

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: KAY C MACK
82 Street Address (P.O. Box Number is Not Acceptable): 8067 APACHE BLVD.
83
84 City: LOXAHATCHEE FL 85 Zip Code: 33470

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: *Kay C Mack.* KAY C MACK VICE PRESIDENT DATE: 6/10/96.
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WAKERLEY, PETER		1.2 NAME		
STREET ADDRESS	3760 LEARWOOD DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LOXAHATCHEE FL		1.4 CITY-ST-ZIP		
TITLE	VPS	☒ DELETE	2.1 TITLE	VPS	☒ Change ☐ Addition
NAME	WAKERLEY, KAY		2.2 NAME	MACK, KAY C	
STREET ADDRESS	1421 APT. D WINDORAH WAY		2.3 STREET ADDRESS	8067 APACHE BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP	LOXAHATCHEE FL. 33470	
TITLE	T	☒ DELETE	3.1 TITLE	T	☒ Change ☐ Addition
NAME	WAKERLEY, KAY		3.2 NAME	MACK KAY C	
STREET ADDRESS	1421 APT. G WINDORAH WAY		3.3 STREET ADDRESS	8067 APACHE BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL		3.4 CITY-ST-ZIP	LOXAHATCHEE FL.33470	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	700001871217	
STREET ADDRESS			5.3 STREET ADDRESS	-06/21/96--01045--040	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***200.00	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			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 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: *Kay C Mack* KAY C MACK — 4/26/96 — (407) 791-8819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)