SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **L99870** **(2)**

1. Corporation Name
NEW VENTURE PRODUCTS INC.

Principal Place of Business	Mailing Address
~~7401 114TH AVE N~~ 14115 B 63 Way N ~~STE 507 B~~ ~~LARGO FL 34643~~ Clearwater Fl 34620 US	~~7401 114TH AVE N~~ 14115 B 63 Way N ~~STE 507 B~~ ~~LARGO FL 34643~~ Clearwater Fl 34620 US

3. Date Incorporated or Qualified: 08/31/1990
3a. Date of Last Report: 04/11/1995

2. Principal Place of Business
21: 14115 B 63RD WAY N
22: Suite, Apt. #, etc
23: City & State: Clearwater FL
24: Zip: 34620 25: Country: USA

2a. Mailing Address
26: 14115 B 63RD WAY N
27: Suite, Apt. #, etc
28: City & State: Clearwater FL
29: Zip: 34620 30: Country: USA

4. FEI Number: 59-3025773 ☐ 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

SCHECHNER, STEVEN
~~7401 114TH AVE N #507 B~~ 14115 B 63 Way N
~~LARGO FL 34643~~ Clearwater Fl 34620

10. Name and Address of New Registered Agent

81 Name: STEVEN SCHECHNER
82 Street Address (P.O. Box Number is Not Acceptable): 3008 OSPREY LN
83:
84 City: CLEARWATER FL 85 Zip Code: 34622

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) (DATE) (Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	FAGGARD, GENE		1.2 NAME	STEVEN SCHECHNER	
STREET ADDRESS	3260 SAN MATEO ST.		1.3 STREET ADDRESS	3008 OSPREY LN	
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP	CLEARWATER FL 34622	
TITLE	V	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SCHECHNER, STEVEN		2.2 NAME		
STREET ADDRESS	3008 OSPREY LA.		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHECHNER, DEBORAH		3.2 NAME		
STREET ADDRESS	3008 OSPREY LA		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP		
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		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
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		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ STEVEN SCHECHNER 6/12/96 813 524 2823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)