

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M28965** (5)

1. Corporation Name

SMALL VENTURES, INC.



Principal Place of Business

~~C/O ACCOUNTING & BUSINESS CONSULTANTS, INC
790 E. BROWARD BLVD., STE. 302
FT. LAUDERDALE FL 33301~~

Mailing Address

**C/O ACCOUNTING & BUSINESS CONSULTANTS, INC
790 E. BROWARD BLVD., STE. 302
FT. LAUDERDALE FL 33301**

2. Principal Place of Business

21 **5067 Garfield Rd.**

Subst. Apt. #, etc.

22 City & State

23 **Delray Beach, FL**

Zip

24 **33484**

Country

25 **USA**

2a. Mailing Address

26 Subst. Apt. #, etc.

27 City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**SMALL, MARK
5067 GARFIELD RD.
DELRAY BEACH FL 33480**

3. Date Incorporated or Qualified

03/17/1986

3a. Date of Last Report

06/21/1995

4. FEI Number

59-2654926

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

33484

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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

Date of Registered Agent Signature (month/day/year)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

**PD
SMALL, MARK
5067 GARFIELD ROAD
DELRAY BEACH FL 33484**

☐ DELETE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

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4. CITY, ST, ZIP

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13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 charged, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96
407 4962604

CR2E034 (12/95)