

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

**FILED**  
**Apr 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** M44424  
 1. Corporation Name  
**VENMARK OF FLORIDA, INC.**

Principal Place of Business Mailing Address  
**C/O JAMES A. MOLANS**  
**5901 S.W. 74th Street, #400**  
**South Miami, Fl. 33143**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified  
**January 7, 1987**

4. FEI Number **59-2826161** 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 owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

**9. Name and Address of Current Registered Agent**

**JAMES A. MOLANS**  
**5901 S.W. 74th Street**  
**Suite #400**  
**South Miami, Fl. 33143**

**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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	President/Director <input type="checkbox"/> DELETE
NAME	BLECHINGBERG, B.C.
STREET ADDRESS	5901 S.W. 74th St.
CITY-ST-ZIP	So. Miami, Fl. 33143
TITLE	Vice President/Director <input type="checkbox"/> DELETE
NAME	BLECHINGBERG, YOLANDA
STREET ADDRESS	5901 S.W. 74th St.
CITY-ST-ZIP	So. Miami, Fl. 33143
TITLE	Treasurer/Director <input type="checkbox"/> DELETE
NAME	BLECHINGBERG, THOMAS
STREET ADDRESS	5901 S.W. 74th St.
CITY-ST-ZIP	So. Miami, Fl. 33143
TITLE	Secretary/Director <input type="checkbox"/> DELETE
NAME	BLECHINGBERG, WILLIAM D.
STREET ADDRESS	5901 S.W. 74th St.
CITY-ST-ZIP	So. Miami, Fl. 33143
TITLE	Assistant Secretary <input type="checkbox"/> DELETE
NAME	MOLANS, JAMES A.
STREET ADDRESS	5901 S.W. 74th St.
CITY-ST-ZIP	So. Miami, Fl. 33143
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

Signature: *[Handwritten Signature]* Date: **4/27**

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 \*\*\*150.00

14. I hereby 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, or on an attachment with an address.

**SIGNATURE:** *[Handwritten Signature]* **(305) 666-0345**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JAMES A. MOLANS, ASSISTANT SECRETARY**  
 Date: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/97)