

**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 # P03700 (2)**  
1. Corporation Name  
**VENCO MANUFACTURING, INC.**



Principal Place of Business  
**12110 BEST PLACE  
SHARONVILLE OH 45241  
US**

Mailing Address  
**12110 BEST PLACE  
SHARONVILLE OH 45241  
US**

3. Date Incorporated or Qualified **10/15/1984** 3a. Date of Last Report **06/28/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number <b>31-0948295</b>	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	25		30			
	Country		Country			

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

**10. Name and Address of New Registered Agent**

**WOOSLEY, TERRY  
1354 WIGMORE STREET  
JACKSONVILLE FL 32206**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1. 1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLLINS, LARRY R.</b>	2. 1. NAME	<b>PTD</b>
STREET ADDRESS	<b>11799 ENTERPRISE DRIVE</b>	3. 1. STREET ADDRESS	<b>COLLINS, LARRY R.</b>
CITY - ST - ZIP	<b>CINCINNATI OH</b>	4. 1. CITY - ST - ZIP	<b>12110 BEST PLACE</b>
TITLE	V <input type="checkbox"/> DELETE	5. 1. CITY - ST - ZIP	<b>SHARONVILLE, OH 45241</b>
NAME	<b>WOOSLEY, TERRY</b>	2. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>1354 WIGMORE ST</b>	2. 2. NAME	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	2. 3. STREET ADDRESS	
TITLE	VSD <input type="checkbox"/> DELETE	2. 4. CITY - ST - ZIP	
NAME	<b>COLLINS, RONALD A.</b>	3. 1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>11799 ENTERPRISE DRIVE</b>	3. 2. NAME	<b>VSD</b>
CITY - ST - ZIP	<b>CINCINNATI OH</b>	3. 3. STREET ADDRESS	<b>COLLINS, RONALD A.</b>
TITLE	<input type="checkbox"/> DELETE	3. 4. CITY - ST - ZIP	<b>12110 BEST PLACE</b>
NAME		4. 1. TITLE	<b>SHARONVILLE, OH 45241</b>
STREET ADDRESS		4. 2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		4. 3. STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	4. 4. CITY - ST - ZIP	
NAME		5. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5. 2. NAME	
CITY - ST - ZIP		5. 3. STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	5. 4. CITY - ST - ZIP	
NAME		6. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6. 2. NAME	
CITY - ST - ZIP		6. 3. STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	6. 4. CITY - ST - ZIP	
NAME			
STREET ADDRESS			
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: *Larry R. Collins* Date: **4/15/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day/Time Phone #

CR2E034 (12/95)