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 # **P93000033943 (0)**

1. Corporation Name
POSIVENTURE, INC.

Principal Place of Business	Mailing Address
SUN CAPER CONDOMINIUM PH6 7930 ESTERO BLVD FT MYERS BEACH FL 33931	SUN CAPER CONDOMINIUM PH6 7930 ESTERO BLVD FT MYERS BEACH FL 33931

3. Date Incorporated or Qualified: 05/07/1993
3a. Date of Last Report: 03/31/1995

2. Principal Place of Business
21 Renaissance Executive Suites
Suite, Apt. #, etc.
22 8695 College Parkway - Suite 350
City & State
23 Ft Myers, Florida
Zip 24 33919 County 25 Lee

2a. Mailing Address
26 Renaissance Executive Suites
Suite, Apt. #, etc.
27 8695 College Parkway - Suite 350
City & State
28 Ft Myers, Florida
Zip 29 33919 Country 30 Lee

4. FEI Number: 65-0412554 ☐ 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**

PARKER, CLAYTON E
201 S BISCAYNE BLVD
SUITE 2000
MIAMI FL 33131-2305

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 N.T. Ferreri
Signature, typed or printed name of registered agent and title if applicable
Registered Agent Signature (required when reinstating) Pres.
DATE 1/19/96

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	FERREI, N.T.	
STREET ADDRESS	7930 ESTRO BLVD., PH6	
CITY-ST-ZIP	FT. MYERS BCH. FL	
TITLE	ST	☐ DELETE
NAME	FERRERI, CAROL S.	
STREET ADDRESS	7930 ESTERO BLVD, PH6	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: N.T. Ferreri
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96 Date
813-481-8644 Daytime Phone #