

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000033943 (0)

1. Corporation Name
POSIVENTURE, INC.



Principal Place of Business

SUN CAPER CONDOMINIUM PH6
7930 ESTERO BLVD
FT MYERS BEACH FL 33931

Mailing Address

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
22 8645 College Parkway - Suite 350
23 Ft Myers, Florida
24 33919

2a. Mailing Address
26 Renaissance Executive Suites
27 8645 College Parkway - Suite 350
28 Ft Myers, Florida
29 33919

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

12. OFFICERS AND DIRECTORS

1. NAME
2. TITLE
3. STREET ADDRESS
4. CITY-ST-ZIP
5. NAME
6. TITLE
7. STREET ADDRESS
8. CITY-ST-ZIP
9. NAME
10. TITLE
11. STREET ADDRESS
12. CITY-ST-ZIP
13. NAME
14. TITLE
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97. NAME
98. TITLE
99. STREET ADDRESS
100. CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
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3. STREET ADDRESS
4. CITY-ST-ZIP
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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

813-481-8644

Corporate Phone #

CR2E034 (12/95)