

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000033943 (0)

1. Corporation Name

POSVENTURE, INC.

Principal Place of Business

RENAISSANCE EXECUTIVE SUITE  
8695 COLLEGE PARKWAY SUITE 350  
FT MYERS BEACH FL 33919  
US

Mailing Address

RENAISSANCE EXECUTIVE SUITES  
8695 COLLEGE PARKWAY SUITE 350  
FT MYERS FL 33919-5802  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

22 City & State

26 Suite, Apt. #, etc.

27 City & State

23 Zip

24 Country

28 Zip

29 Country

30

3. Date Incorporated or Qualified

05/07/1993

3a. Date of Last Report

01/30/1996

4. FEI Number

65-0412554

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

7. 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

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |
|----------------------------|---------------------------------|---|
| TITLE                      | P<br>FERREI, N.T.               | <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FERREI, N.T.                    | 11 TITLE  |
| STREET ADDRESS             | 7930 ESTERO BLVD., PH6          | 12 NAME   |
| CITY-ST-ZIP                | FT. MYERS BCH. FL               | 13 STREET ADDRESS   |
| TITLE                      | ST<br>FERRERI, CAROL S.         | 14 CITY-ST-ZIP  |
| NAME                       | FERRERI, CAROL S.               | 21 TITLE  |
| STREET ADDRESS             | 7930 ESTERO BLVD, PH6           | 22 NAME   |
| CITY-ST-ZIP                | FT. MYERS FL                    | 23 STREET ADDRESS   |
| TITLE                      | <input type="checkbox"/> DELETE | 24 CITY-ST-ZIP  |
| NAME                       |                                 | 31 TITLE  |
| STREET ADDRESS             |                                 | 32 NAME   |
| CITY-ST-ZIP                |                                 | 33 STREET ADDRESS   |
| TITLE                      | <input type="checkbox"/> DELETE | 34 CITY-ST-ZIP  |
| NAME                       |                                 | 41 TITLE  |
| STREET ADDRESS             |                                 | 42 NAME   |
| CITY-ST-ZIP                |                                 | 43 STREET ADDRESS   |
| TITLE                      | <input type="checkbox"/> DELETE | 44 CITY-ST-ZIP  |
| NAME                       |                                 | 51 TITLE  |
| STREET ADDRESS             |                                 | 52 NAME   |
| CITY-ST-ZIP                |                                 | 53 STREET ADDRESS   |
| TITLE                      | <input type="checkbox"/> DELETE | 54 CITY-ST-ZIP  |
| NAME                       |                                 | 61 TITLE  |
| STREET ADDRESS             |                                 | 62 NAME   |
| CITY-ST-ZIP                |                                 | 63 STREET ADDRESS   |
| TITLE                      | <input type="checkbox"/> DELETE | 64 CITY-ST-ZIP  |
| NAME                       |                                 |   |
| STREET ADDRESS             |                                 |   |
| CITY-ST-ZIP                |                                 |   |

14. I do 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 supplement to 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*N.T. Ferrei*

Pres

1/11/96

Date Daytime Phone #

CR2E034 (9/96)

042095