FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000085609 (4)

1. Corporation Name
VENICE CENTER ASSOCIATES I, INC.

Principal Place of Business
1774 KILLDEER CR.
VENICE FL 34293

Mailing Address
1774 KILLDEER CR.
VENICE FL 34293

3. Date Incorporated or Qualified: 12/07/1993
3a. Date of Last Report: 04/12/1994
4. FEI Number: 65-0463601 ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
24 | 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
29 | 30

9. Name and Address of Current Registered Agent

SULLIVAN, PAMELA B
1774 KILLDEER CR.
VENICE FL 34293

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRADY, RICHARD W
STREET ADDRESS	315 PINE GLEN WAY
CITY-ST-ZIP	ENGLEWOOD FL 34223
TITLE	D
NAME	BRADY, ROBERT W
STREET ADDRESS	5227 SIESTA COVE DR.
CITY-ST-ZIP	SARASOTA FL 34242
TITLE	D
NAME	SULLIVAN, PAMELA B
STREET ADDRESS	1774 KILLDEER CR.
CITY-ST-ZIP	VENICE FL 34293
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (☐ Change ☐ Addition — blank)

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)(a), 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: Pamela B Sullivan *Pamela B Sullivan* 4-29-95 813-493-4016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | DATE | DAYTIME PHONE

0340776 CP