FILE NOW: FILING FEE AFTER MAY 1 18 \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400001403 (2)

VACUUMS OF VENICE, INC.

•	
105 W TAMPA AVENUE	
MENNOE EL 2430E	

Principal Place of Business

Mailing Address

105 W TAMPA AVENUE VENICE FL 34285-1728

FILED Mar 11 1997 8:00am Secretary of State



VERIOE FL 34	263	ACINAC I D A 100A LIPE									
						3. Date Incorporated or Qualified 12/28/1993		e of Last 5/1996			
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number			Applied For		
21		26			~·····	65-0465412		'	Not Applicable		
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		7	Additional Required		
City & Sta	ite	City & State				6. Election Campaign Financing		\$5.0	O May Be		
23		28				Trust Fund Contribution		Adde	d to Fees		
Zφ	Country	Zφ	Co	ountry		8. This corporation has liability for			r s. 199.032,		
24	25	29	30				Yes [_			
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Re	gistered A	gent			
FIEI	LDS, RONALD C			81	Name						
	76 PONTOON BLVD.			82	Street Addre	Street Address (P.O. Box Number is Not Acceptable)					
	NTA GORDA FL 33955			"	Sirebinadi	osa (i .o. box itamber la rigit rocupia.	5.0,				
, •,				83			····				
				84	City			85 Zi	p Code		
						oration submits this statement for the	<u>FL</u>				
agent 1: SIGNATURE	Signature, spared or printed name of regreered a					ion's board of directors. I hereby acce	DATE		*****		
12.	OFFICERS A	ND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICE	CERS AND	DIRECTO	ORS IN 12		
TIILE	P	DELETE	1.1	TITLE				Chang	e 🔲 Additio		
NAME	FIELDS, RONALD C.		1.2	NAME							
STREET ADDIRESS	12276 PONTOON BOULEVAR	ND ON	1.3	STREET	ADDRESS						
CHY-ST ZIF	PUNTA GORDA FL		1.4	CITY-S	ST-ZIP						
TITLE	ST	☐ DELETE	2.1	TITLE				Chang	e 🔲 Additio		
NAME	FIELDS, PETRA		2.2	NAME							
STREET ADDRESS	12276 PONTOON BLVD		2.3	STREET	ADDRESS		r				
CITY - S1 - 7IF	PUNTA GORDA FL		2.4	CITY-	ST-ZIP						
THE		DELETE	3.1	TITLE				Chang	e 🔲 Additio		
NAME			3.2	NAME							
STREET ACORESS			3.3	STREET	ADDRESS						
City-\$1-7:2			3.4	. CITY-	ST-ZIP						
THE		☐ DELETE	4.1	TITLE				Chang	e 🔲 Additio		
NAME.			4.2	NAME							
STREET ADDRESS	: [43	STREET	ADDRESS						
CITY - ST - ZIP	1		44	CITY-5	ST-ZIP						
TITLE		DELETE	51	TITLE				Chang	je 🔲 Addilio		
NAME			52	NAME	1						
STREET ADDRESS	ş İ		53	STREET	ADDRESS						
CITY - ST - ZIP			54	CITY-S	ST-ZIP						
TITLE		DELETE		TITLE		1		Chang	je 🔲 Additio		
NAME	1		6 2	NAME							
STREET ADDRESS	. [ADDRESS						
CITY-SI ZIP				CITY-							
## Lab box	The second of the second on a second	and with this films done not av	alifu for th			t in Section 119 07/3Vi) Florida Statuti	e Liuriber	cortifu tr	not the		

4. 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 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: RONALD C FIELDS

CHING OFFICER OF DIRECTOR

3-7-47

941-488-3449