

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 # P94000018790 (3)

1. Corporation Name

FANTASIES OF VENICE, INC.



Principal Place of Business

1938 S TAMiami TR
VENICE FL 34293

Mailing Address

1938 S TAMiami TR
VENICE FL 34293

3. Date Incorporated or Qualified

03/04/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

APPLIED FOR 65-0580231

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCLAFANI, PETER P
601 THREE ISLANDS BLVD
HALLANDALE FL 33009

81 Name

KOLTERMAN, RAYMOND JR.

82 Street Address (P.O. Box Number is Not Acceptable)

1938 S. TAMiami TRAIL

83

84 City

Venice

FL

85 Zip Code

34293

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]

RAYMOND KOLTERMAN

4/18/96

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

(NOT E. Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME SCLAFANI, PETER P
STREET ADDRESS 601 THREE ISLANDS BLVD
CITY-ST-ZIP HALLANDALE FL 33009

TITLE D ☒ DELETE
NAME SCLAFANI, A. PAMELA
STREET ADDRESS 250 174TH ST
CITY-ST-ZIP MIAMI BEACH FL 33160

TITLE D ☐ DELETE
NAME KOLTERMAN, RAYMOND C JR
STREET ADDRESS 2414 TAMiami TR
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE D ☐ DELETE
NAME KOLTERMAN, PATRICIA A
STREET ADDRESS 2414 TAMiami TR
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME KOLTERMAN, RAYMOND JR.
1.3 STREET ADDRESS 1938 S. TAMiami TR
1.4 CITY-ST-ZIP Venice, FL 34293

2.1 TITLE VP ☒ Change ☐ Addition
2.2 NAME KOLTERMAN, PATRICIA
2.3 STREET ADDRESS 1938 S. TAMiami TR
2.4 CITY-ST-ZIP Venice FL 34293

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

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:

[Signature]

RAYMOND KOLTERMAN

4/18/96

(941) 496-9291

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)