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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCU 1. Corporation	MENT on Name	* P94	00003	30188	(4)						
VENICE SALES & INVESTMENTS INC.								1 10 0 10 0 10 10 10 10 10 10 10 10 10 1			
Detection Disc											
Principal Place of Business Mailing Address								s samerade life savet dedts Antil d	dili edili del u a (iii		(1)091 (E101)011 101
2213 E. ATLANTIC BLVD. POMPANO BEACH FL 33062				2213 E. ATLANTIC BLVD. POMPANO BEACH FL 33062							
Deignal D								3. Date Incorporated or Qualified 04/20/1994	3a. Date of 05		Report 1995
Principal Place of Business			F-	2a. Mailing Address				4. FEI Number		Ť	Applied For
Suite, Apt.	#, etc.			Suite, Apt. #, etc.			65-0483045			Not Applicable	
22			27				5. Certificate of Status Desired	\$		5 Additional Required	
City & State	e			City & State				6. Election Campaign Financing			00 May Be
Zip								Trust Fund Contribution		Added to Fees	
24	25		29	•	30	untry		8. This corporation has liability for Florida Statutes Yes		nder s	199.032,
	9. Name	and Address of Cur	rent Register	ed Agent				10. Name and Address of New F		nt .	
01054						81	Name		-5		
	GIO, ANTH					82	Street Ad	dress (P.O. Box Number is Not Acceptab	le)		
2213 E ATLANTIC BLVD POMPANO BEAHC FL 33062								and the second s			
(OMF	MIO DEAD	10 FL 33002				83					
						84	City		8:	5 7	p Code
11. Pursuant t	to the provisi	ons of Sections 607.0	502 and 607.1	508 Florida Statu	ites the ah		amod corn	oration submits this statement for the pur	FLI	ļ	•
or register familiar wit	ed agent, or th, and accer	both, in the State of Foot the obligations of, S	lorida. Such ch	ange was author	ized by the	corpo	ration's bo	oration submits this statement for the pur and of directors. I hereby accept the appo	cose of changin cintment as region	ig its i	registered office
SIGNATURE _	. ,	or the congulations of, o	ection too. Co	o, rionda Statute	BS.					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	agont ran
····	Signature, typed	or printed name of registered a			OTE Registered	d Agent	signature requir	red when reinstaling)	DATE		·
12. Title	PSTD	OFFICERS .	AND DIRECTO	RS	13.			ADDITIONS/CHANGES TO OFFI		ECTC	0RS IN 12
NAME		t ynohtna ,0k		☐ DELETE	1.11				☐ Ch		Addition
STREET ADDRESS		E. ATLANTIC BLVD			1.2 N		ľ				
CITY-S1-ZIP		ANO BEACH FL 33		32		1.3 STREET ADDRESS					
TITLE				DELETE	2 1 I	ITUE	- ZIP				
NAME				<u></u>	2.2 N		į		□ Cµ	ange	■ Addition
STREET ADDRESS					1		DORESS				
CITY-S1-ZIP						ITY-ST-					
THILE				☐ DELETE	3 1 T				Cha	ange	Addition
NAME					3.2 N	AME			(max)		
STREET ADDRESS					3.3 S	TREET #	DORESS				
CITY-ST-ZIP TITLE				F3 or re		TY-\$1-	ZiP				
NAME				DELETE	4 1 1		- 1		Cha	inge	☐ Addition
STREET ADDRESS					4.2 NA		1				
CITY-ST-ZIP							DORESS				
TITLE				DELETE	5 1 TI	TY-ST-	ZIP				
NAME				<u></u>	5.2 NA				[] Cha	inge	Addition
STREET ADDRESS						REET AC	ODRESS				
CITY-ST-ZIP						Y-ST-					
TILE				DELETE	6 1 TI				Cha	nne	Addition
IAME					6.2 NA	ME				⊌~	noutron
TREET ADDRESS	_	_	/		6.3 ST	REET AD	DRESS				
4. I do hereby	cortify that at	20 1000001			6.4 CIT	Y-ST-	ZIP				
certify that to oath; that I a appears in E	the information and artificent and artificent 12 of E	on indicated on this and or director of the confidence of the conf	with this filling pact report or s poration or the on an attachin	is voluntarily furn supplemental anni receiver or truster ant with an add	ished and o ual report is e empowere	ices r true ed to	ot qualify for and accura execute this	or the exemption stated in Section 119.0 te and that my signature shall have the se s report as required by Chapter 607, Flor	'(3)(k), Florida Si ime legal effect da Statutes; an	tatute as if i	s. I further made under . my name

SIGNATURE:

Anthony Georgia 4/17/96/954) 785 3755