FILE NOW: FILING FEE ~~AFTER MAY 1 IS $550.00~~ $61.25

Amended

PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
97 SEP -9 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000043506

1. Corporation Name
FLORIDA VENTURES, INC.

Principal Place of Business	Mailing Address
1000 NORTH CONGRESS AVE WEST PALM BEACH, FLORIDA 33409	

2. Principal Place of Business		2a. Mailing Address	
21	1000 N CONGRESS	26	255 ALGIERS AVE
Suite, Apt. #, etc 22		Suite, Apt. # etc 27	LAUDERDALE BY SEA
City & State 23	WEST PALM BEACH FL	City & State 28	FLORIDA
Zip 24	33409	Country 25	USA
Zip 29	33308	Country 30	USA

3. Date Incorporated or Qualified: 6-10-94
3a. Date of Last Report: 1-23-97
4. FEI Number: 65-0528535 (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

9. Name and Address of Current Registered Agent

HAROLD DUDE
500 AUSTRALIAN AVE, SUITE 110
WEST PALM BEACH, FLORIDA 33401

10. Name and Address of New Registered Agent

81 Name	THOMAS R FARESE
82 Street Address (P.O. Box Number is Not Acceptable)	255 ALGIERS AVE
83	
84 City	LAUDERDALE BY SEA FL 85 Zip Code 33308

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: THOMAS R FARESE 9-8-97
Signature of one of named registered agent and title if applicable (NOTE: Registered Agent signature is required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT HAROLD DUDE 500 AUSTRALIAN AVE #110 WEST PALM BCH FL. 33401 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PRESIDENT ☑ Change ☐ Addition THOMAS R FARESE 255 ALGIERS AVE LAUD BY SEA, FL. 33308
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ☒ DELETE HAROLD DUDE 500 AUSTRALIAN AVE #110 WEST PALM BCH FL. 33401	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	DIRECTOR ☒ Change ☒ Addition THOMAS R FARESE 255 ALGIERS AVE LAUDERDALE BY SEA FL 33308
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	VICE PRESIDANT-SEC. ☐ Change ☒ Addition BETH DE ROSA 6320 NE 20TH ~~STREET~~ TERRACE FORT LAUD. FLORIDA 33308
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition 500002289685 -09/10/97--01097--008 *****70.00 *****70.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I 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: THOMAS R FARESE 9-8-97 (954) 202-9992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(PRESIDANT AND DIRECTOR)