## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT / CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000051400

1. Corporation Name

VENTURE MARINE, INC.

i	•							
Principal Place of Business	· · · · · · · · · · · · · · · · · · ·	Mailing Address				DIBIN BURNI BURNI UURNI UUR	AR BUNDU BUDU BUDUN B	18111 <b>181</b> 11 1881
C/O ROGER MCCASLIN C/O ROGER MCCASLIN						•		
1480 W. 53RD STREET 1480 W. 53RD STREET					DO NOTAKRITE IN THE CRACE			
W. PALM BEACH FL 33407 W. PALM BEACH FL 33407					3. Date Incorporated o	NOT WRITE IN THE	S SPACE	
					07/06/1994	Qualifed		
Principal Place of Busine	ss 2a	a, Mailing Address		· · · · · · · · · · · · · · · · · · ·	4. FEI Number		Anr	olied For
21	26	]			65-0505779		<u>``</u>	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75 A	
22	27				5. Certifcate of Status	Desired	Fee Red	quired
City & State		City & State			6. Election Campaign f	inancing	\$5.00	Мау Ве
23	28				Trust Fund Contribu	tion	Added to	Fees
Zip	Country	Zip 1 I	Country		8. This corporation owe	•	<u> </u>	
24 2	1==		30]		Personal Property Ta			□No
9. Name and Address of Current Registered Agent 81 Name				Name	10. Name and Address	or New Registere	1 Agent	
MCCASLIN, ROG	ER	•		1401110				
1480 W. 53RD STREET			82	Street Addre	ess (P.O. Box Number is N	ot Acceptable)		
W. PALM BEACH FL 33407			83		**************************************	15 J. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 Table 1 1 2 2 2 2 3 3 4 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	815 (1811 15 T)
	•				(6) 建草树。			
			84	City	1 1 2 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	FI	<b>85</b> Zip C	ode
.11. Pursuant to the provision	ns of Sections 607 0502 and	607 1508 Florida Statute	es the above	a-named como	oration submits this stateme	ent for the nurnose o	f changing its u	registered
office or registered agen agent. I am familiar with	t, or both, in the State of Flor	ida. Such change was at	uthorized by	the corporation	n's board of directors. I her	eby accept the app	ointment as reg	istered
	, and accept the obligations o	ii, Secilori 607.0505, Pior	iua Statules	•	•			
SIGNATURE Signature, typed or	printed name of registered agent and title	if applicable. (NOTE:	Registered Agen	t signature required	when reinstating)	DATE		
12.	OFFICERS AND DIR	ECTORS	13.		ADDITIONS/CHANGE	S TO OFFICERS A	ND DIRECTOR	RS IN 12
TITLE PD		□ DELETE	1.1 TITLE		7-1757		Change	☐ Addition
NAME POGER MC			1.2 NAME					
STREET ADDRESS 14121 TEM			1.3 STREET	ADDRESS				
CITY-ST-ZIP LOXAHATC	HEE FL		1.4 CITY-ST	T_71P				
TITLE VPD	:			-21				
NAME ROBERT SE		☐ DELETE	2.1 TITLE	1-21	·	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
STREET ADDRESS 941 POPLA		DELETE	2.1 TITLE 2.2 NAME	-231			☐ Change	☐ Addition
CITY-ST-ZIP LAKE PARK		DELETE				· · ·	☐ Change	☐ Addition
		· · · · · · · · · · · · · · · · · · ·	2.2 NAME 2.3 STREET 2.4 CITY-S	ADDRESS				
TITLE SD	FL	☐ DELETE	2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE	ADDRESS			☐ Change	☐ Addition
NAME E LLWYD E	FL CCLESTONE III	· · · · · · · · · · · · · · · · · · ·	2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	ADDRESS T. ZIP				
NAME SD E LLWYD E STREET ADDRESS 357 HIAH C	FL CCLESTONE III R	· · · · · · · · · · · · · · · · · · ·	2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET	ADDRESS T- ZIP ADDRESS				
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NAME STREET ADDRESS 357 HIAH COUNTY-ST-ZIP PALM BEAC	FL CCLESTONE III R	· · · · · · · · · · · · · · · · · · ·	2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-S 4.1 TITLE	ADDRESS T- ZIP ADDRESS		200 see 100 se		Addition
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

561)845.8557

**FILED** 

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90057 022 \*\*\*150.00