

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000085514 (5)**

1. Corporation Name  
**P T VENTURES, INC.**



Principal Place of Business: **2033 MAIN STREET STE. 400 SARASOTA FL 34237**  
Mailing Address: **2033 MAIN STREET STE. 400 SARASOTA FL 34237**

3. Date Incorporated or Qualified: **11/21/1994**      3a. Date of Last Report: **04/28/1995**  
4. FEI Number: **65-0542952**      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

2. Principal Place of Business: 21 [ ]      2a. Mailing Address: 26 [ ]  
Suite, Apt. #, etc.: [ ]      Suite, Apt. #, etc.: [ ]  
City & State: 22 [ ]      City & State: 27 [ ]  
Zip: 23 [ ]      Country: 28 [ ]      Zip: 29 [ ]      Country: 30 [ ]

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**HANKIN, LAWRENCE M  
2033 MAIN STREET  
STE. 400  
SARASOTA FL 34237**

81 Name: [ ]  
82 Street Address (P.O. Box Number is Not Acceptable): [ ]  
83 [ ]  
84 City: [ ]      FL 85 Zip Code: [ ]

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, typed or printed name of registered agent and the filer, if applicable: [ ]      DATE: [ ]

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>R. TYLER BENNETT</b>	
STREET ADDRESS	<b>4127 ESCONDITO CIRCLE</b>	
CITY- ST- ZIP	<b>SARASOTA FL</b>	
TITLE	<b>VPST</b>	<input type="checkbox"/> DELETE
NAME	<b>PHYLLIS BENNETT</b>	
STREET ADDRESS	<b>4127 ESCONDITO CIRCLE</b>	
CITY- ST- ZIP	<b>SAROSTA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>R. TYLER BENNETT</b>
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	<b>SARASOTA, FL 34238</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	<b>SARASOTA, FL 34238</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Phyllis Bennett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/96      941 921-6048  
DATE      Day of Filing #

CR2E034 (12/95)