

SEC 13 NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT ON 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000087038 (3)

1. Corporation Name

VENETO CORPORATION

Principal Place of Business

Mailing Address

2335 TAMiami TRAIL NORTH
SUITE 301
NAPLES FL 33940

2335 TAMiami TRAIL NORTH
SUITE 301
NAPLES FL 33940



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 2620 Signa Drive		26 P.O. Box 2404		12/01/1994		03/10/1995	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		59-3282275		Not Applicable	
24 Zip		29 Zip		5. Certificate of Status Desired		8.75 Additional Fee Required	
34134		34133		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
25 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

9. Name and Address of Current Registered Agent

GOLD, DENNIS S
2335 TAMiami TRAIL NORTH
SUITE 301
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name Joyce Gennaro
82 Street Address (P.O. Box Number is Not Acceptable) 267 Lely Beach Blvd #605
83
84 City Bonita Springs FL 85 Zip Code 34134

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 Joyce Gennaro

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

(NOTE: Registered Agent signature required when reinstating)

7/10/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	HALTER, RITA A	1.2 NAME	Joyce Gennaro
STREET ADDRESS	2335 TAMiami TRAIL NORTH, SUITE 301	1.3 STREET ADDRESS	267 Lely Beach Blvd 605
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Bonita Springs FL 34134
TITLE	D	2.1 TITLE	
NAME	GOLD, DENNIS S	2.2 NAME	
STREET ADDRESS	2335 TAMiami TRAIL NORTH, SUITE 301	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	PD
NAME		3.2 NAME	Rita Halter
STREET ADDRESS		3.3 STREET ADDRESS	2620 Signa Drive
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Bonita Springs FL 34134
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/96

941.498.2276