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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000087038 (3)

VENETO CORPORATION

| Principal Place of Business | Mailing Address |
|-----------------------------|-------------------------|
| 26260 SIENA DR. | PO BOX 2404 |
| Bonita Springs Fl 34134 | BONITA SPRINGS FL 34133 |

FILED Apr 16 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/01/1994 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For 59-3282275 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution Zip Country Ζίρ Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 25 30 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent GENNARO, JOYEE <u>39466</u> 267 LELY BEACH BLVD. **BONITA SPRINGS FL 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 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and tillo if applicable DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. Change DELETE TITLE 1.1 TITLE NAME HALTER, RITA A 1.2 NAME STREET ADDRESS 26260 SIENA DR. 1.3 STREET ADDRESS **BONITA SPRINGS FL 34134** CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition DELETE 2.1 TETLE TITLE GENNARO, JOYCE 2.2 NAME NAME 3408 MARBELLA CT 2.3 STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Change Addition □ D€L€TE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Addition TITLE 6 2 NAME NAME STREET ADDRESS 6.3 STREET AODRESS CITY - ST - ZIP 6.4 CITY-ST-ZIP

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: