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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P9400089624 (8)

VENTURE ASSETS, INCORPORATED

349 L'ATRIUM DESTIN FL 32541

Principal Place of Business

Mailing Address

349 L'ATRIUM DESTIN FL 3254



		DESTIN FL 32541								
						ncorporated or Qualific /12/1994		f Last R /01/19		
	ace of Business	2a. Mailing Address	4	40	4. FEI N	umber			Applied For	
21 /06	21 Highway # 98 WE		SHW QG	98 W	ts7 5	9-3288 190			Not Applicable	
Suite, Apt 22	#24 '	Suite, Apt. #, etc. # 24	/		1	cate of Status Desired		•	Additional Required	
City & State	TIN, FLORIDA	City State	FLORAL) _A	I	on Campaign Financino Fund Contribution	⁹ □		May Be	
Zip	Country	Ziρ	Coun			orporation has liability	for intangible tax			
24 325	4/ 25 USA	29 3254/	30	CSA		Statutes 🔲			,00,002,	
	9. Name and Address of Curren	t Registered Agent			10. Name	and Address of Ne	w Registered Ag	jent		
				81 Name						
SCHOFIELD, JOHN T 349 L'ATRIUM			1	82 Street Addres		iss (P.O. Box Number is Not Acceptable)				
	FL 32541		83						***	
			ε	B4 City			FI	85 Zip	Code	
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the above	e-nanted co	prporation submits	this statement for the		ging its r	egistered office	
	ed agent, or both, in the State of Florid th. and accept the obligations of, Section			orporation's l	board of directors	. I hereby accept the a	appointment as re	gistered	agent. I am	
SIGNATURE .	Styrestore, typed or printed name of registered agent a	and title if appicable (NO	Ti. Registered A	gent signature re	equired when reinstating)	F7 -77 78 78 78 78 78 78 78 78 78 78 78 78 7	DATE			
12.	OFFICERS AND						\$		DO IN 10	
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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 eath; 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 grianged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPEDOR PRINTED AME OF SIGNING OFFICER OR DIRECTO

2/13/96

904/654-5894 Neytina Prone #