

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

FILED

Apr 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000089624 (8)

1. Corporation Name

VENTURE ASSETS, INCORPORATED



Principal Place of Business

Mailing Address

10221 HIGHWAY 98 WEST
24
DESTIN FL 32541
US

10221 HIGHWAY 98 WEST
24
DESTIN FL 32541
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/12/1994

4. FEI Number

59-3288190

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~SCHOFIELD, JOHN T~~
~~949 LATRUM~~
~~DESTIN FL 32541~~

J. RONALD BURKE
105 ANTILLES COVE
DESTIN, FL 32541

81 Name

J. RONALD BURKE

82 Street Address (P.O. Box Number is Not Acceptable)

105 ANTILLES COVE

83

84 City

DESTIN

FL

85 Zip Code

32541

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

J. RONALD BURKE

Signature, typed or printed name of registered agent, as applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

April 21, 1998

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BURKE, RONALD J.
STREET ADDRESS 105 ANTILLES COVE
CITY-ST-ZIP DESTIN FL

TITLE STD
NAME ~~SCHOFIELD, JOHN T~~ KATHRYN J.
STREET ADDRESS ~~949 LATRUM~~
CITY-ST-ZIP ~~DESTIN FL~~

TITLE STD
NAME KATHRYN J. BURKE
STREET ADDRESS 105 ANTILLES COVE
CITY-ST-ZIP DESTIN, FL 32541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

J. RONALD BURKE

April 21 1998

850-654-0002
702-240-3007

CR2E034 (10/97)