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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000005157 (9)**

1. Corporation Name
VENTURE TECHNOLOGIES INC.

Principal Place of Business	Mailing Address
522 SW ST. LUCIE STREET STUART FL 34997	522 SW ST. LUCIE STREET STUART FL 34997-6265

3. Date Incorporated or Qualified: 01/19/1995
3a. Date of Last Report: 03/05/1996

2. Principal Place of Business	2a. Mailing Address
21 1766 CRANE CREEK CIRCLE	26 1766 CRANE CREEK CIRCLE
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23 PALM CITY, FL	City & State 28 PALM CITY FL
Zip / Country 24 34990 / 25 U.S.	Zip / Country 29 34990 / 30 U.S.

4. FEI Number: 65-0549991 ☐ 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

9. Name and Address of Current Registered Agent

MADDEN, JOEL
522 SW ST. LUCIE STREET
STUART FL 34997

10. Name and Address of New Registered Agent

81 Name: JOEL MADDEN
82 Street Address (P.O. Box Number is Not Acceptable): 1766 CRANE CREEK CIRCLE
83
84 City: PALM CITY FL 85 Zip Code: 34990

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: Joel P. Madden JOEL P. MADDEN (NOTE: Registered Agent signature required when reinstating) DATE: 3-18-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	D ☒ Change ☐ Addition
NAME	MADDEN, JOEL P	1.2 NAME	MADDEN, JOEL P
STREET ADDRESS	C/O 522 SW ST. LUCIE STREET	1.3 STREET ADDRESS	1766 CRANE CREEK CIRCLE
CITY-ST-ZIP	STUART FL 34997	1.4 CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	D ☐ DELETE	2.1 TITLE	D ☒ Change ☐ Addition
NAME	MADDEN, TONI	2.2 NAME	MADDEN, TONI
STREET ADDRESS	C/O 522 SW ST. LUCIE STREET	2.3 STREET ADDRESS	1766 CRANE CREEK CIRCLE
CITY-ST-ZIP	STUART FL 34997	2.4 CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Joel P. Madden, JOEL P. MADDEN 3-18-97 561-285-1898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0472695