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

PROFIT CORPORATION **ANNUAL REPORT**

1997



Sandra B. Mortham

FILED

Mar 14 1997 8:00am

Secretary of State

Secretary of State

DIVISION OF CORPORATIONS

P95000038430 (1) **DOCUMENT** #

VENTURE 2M, INC.

		Mailing Address	DUSTRIAL PARKWAY S . FL 32246-7648		
				3. Date Incorporated or Qualified 04/25/1995	3a. Date of Last Report 04/18/1996
	lace of Business	2a. Mailing Address		4. FET Number 59 - 33	82528 Applied For
Suite, Apt.	#, etc.	[26] Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		Certificate of Status Desired	Fee Required
City & State	9	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip 24	Country 25	28 Zip 29	Country	8. This corporation has liability for	intangible tax under s. 199.032, Yes No
24)	9. Name and Address of Current	contract and comments are a superior and a superior	1301	10. Name and Address of New Re	
11: JA	DOLÉY, PAUL S JR. 243-7 ST. JOHNS INDUSTRIAL P CKSONVILLE FL 32216		83 84 City	ress (P.O. Box Number is Not Acceptat	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0:02 and 607.1:508, 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Signature, typed or printed harde of regenered a Fe	rand the if applicable (NO	III - Hagistered Agent signature requi	ired when rehistating)	DATE
12.	OF ICERS AND	and the contract of the contract of	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	WOOLEY, PAUL S JR.	L DELETE	1111111		☐ Change ☐ Addition
NAME Street address	8083 PINE LAKE ROAD		1.2 NAME 1.3 STHEET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32216		1.4 City-\$1 - Zif		
THILE		DELLIE	2.1 1016		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			23 STREET ADDRESS		į
CITY-ST-ZIP			2 4 CiTY - S1 - ZiP		
TITLE		[] DETETE	3.1 THE		L Change L Addition
NAME			3.2 NAME		Į.
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4 C(1)Y - S1 - ZIP 4.1 TILLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		Ì
CITY-ST-ZIP			4.4 CITY - ST - 7IP		
TITLE		DETETE	51 THE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CH v - S1 - ZIP		
TITLE		DETETE	61 114 E		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. I do 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 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 changed, or on an attachment with an address.

3/10/97

(GOY) 642 2060

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