

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shondra B. Martham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000063051 (3)

1. Corporation Name

VENTURE DYNAMICS, INC.



Principal Place of Business

**2651 NOBILITY AVE
MELBOURNE FL 32934**

Mailing Address

**2651 NOBILITY AVE
MELBOURNE FL 32934**

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
08/15/1995

3a. Date of Last Report

N/A

4. FEI Number

59-3330414

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

**MUCHOW, WILLIAM J
2651 NOBILITY AVE
MELBOURNE FL 32934**

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0102 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 607.0104, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	☐ DELETE	☐ Change	☒ Addition
5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY - ST - ZIP	☐ DELETE	☐ Change	☒ Addition
9. TITLE	10. NAME	11. STREET ADDRESS	12. CITY - ST - ZIP	☐ DELETE	☐ Change	☐ Addition
13. TITLE	14. NAME	15. STREET ADDRESS	16. CITY - ST - ZIP	☐ DELETE	☐ Change	☐ Addition
17. TITLE	18. NAME	19. STREET ADDRESS	20. CITY - ST - ZIP	☐ DELETE	☐ Change	☐ Addition
21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY - ST - ZIP	☐ DELETE	☐ Change	☐ Addition

SIGNATURE:

William J Muchow V.P. WILLIAM J MUCHOW
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96

407-254-9356

CR2E034 (12/95)