

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000077960 (9)**

1. Corporation Name
VENETIAN PETROLEUM, INC.



Principal Place of Business: **1149 HILLSBORO MILE 603N HILLSBORO BEACH FL 33062**
Mailing Address: **1149 HILLSBORO MILE 603N HILLSBORO BEACH FL 33062**

3. Date Incorporated or Qualified: **10/11/1995**
3a. Date of Last Report: **10/11/95**
4. FEI Number: **XF-65-0619592**
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

2. Principal Place of Business: **21 3900 N FED HIGHWAY**
22 Suite, Apt. #, etc.:
23 City & State: **LIGHT HOUSE POINT FL**
24 Zip: **33064** 25 Country: **BROWARD**
26 Mailing Address: **26a SAME**
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip: 30 Country:

9. Name and Address of Current Registered Agent:
**BOBICK, EDWARD
1149 HILLSBORO MILE
603N
HILLSBORO BEACH FL 33062**

10. Name and Address of New Registered Agent:
81 Name: **MICHELE PARENTE**
82 Street Address (P.O. Box Number is Not Acceptable): **3900 N FEDERAL HIGHWAY**
83
84 City: **LIGHTHOUSE POINT FL** 85 Zip Code: **33064**

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. This 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 607.0502, Florida Statutes.

SIGNATURE: *Chavell Hunt* PRESIDENT DATE: **5-29-96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOBICK, EDWARD	
STREET ADDRESS	1149 HILLSBORO MILE 603N	
CITY-ST-ZIP	HILLSBORO BEACH FL 33062	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	MICHELE PARENTE	
3. STREET ADDRESS	3900 N FEDERAL HIGHWAY	
4. CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-ST-ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 person or persons 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 my address.

SIGNATURE: *Chavell Hunt* DATE: **5-29-96** 954427227

CR2E034 (12/95)