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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000090361

1. Corporation Name

VENTUS INC.

## **FILED** Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90095 049 \*\*\*150.00



| Mailing Address   Mailing Address   DO NOT WRITE IN THIS SPACE   3. Date incorporation or Qualified   11/22/1955   Applied For   3. Date incorporation or Qualified   Sale   3. Date incorporation or Qualified   Applied For   3. Date incorporation or Qualified   Applied For   3. Date incorporation or Qualified   Applied For   3. Date incorporation or Qualified   Sale   3. Date incorporation or Qualified   Applied For   3. Date incorporation or Qualified   Applied   3. Date incorporation or Qualified   Applied For   3. Date incorporation or Qualified   Applied For   3. Date incorporation or Qualified   Applied For   3. Date incorporation or Qualified |   |  |                                    |            |   | <u> </u>                                 |             | O CHIOL HOU HOU |
|--|---|--|------------------------------------|------------|---|--|-------------|-----------------|
| Petrit VEDRA BEACH FL 2002  2. Principal Place of Business 2. Mailing Address  | Principal Place   | e of Business                            | Mailing Address                    |            |   |  | -           | -               |
| 2. Principal Place of Business 2. A Mailing Address 3. Onte Incorporated or Qualified 11/22/1995 2. Principal Place of Business 2. A Mailing Address 3. A FER Number   | 3204 SAWGRASS VILLAGE CIRCLE - 3204 SAWGRASS VILLAGE GIR              |  |                                    |            |   |  |             |                 |
| 2. Principal Piace of Business 2. Applied For 1922/1935 Shttp:// S | POINTE VEDRA BEACH FL 32002 POINTE VEDRA BEACH FL 32                  |  |                                    | <b>JB2</b> |   | DO NOT WOITE IN THIS SDACE               |             |                 |
| Principal Place of Business   2a Mailing Address   4. FEN Number   3pplied For   Not Applicable   59-3378388   Not Applicable   Not Applicable   59-3378388   Not Applicable   Not Applicable   Suits April 1, etc.   2  |   |  |                                    |            |   |  | 110 01 7102 |                 |
| 2. Principal Piace of Business 2.   30-UP   SHIPLATCH DR.   28   |   |  |                                    |            |   | ,  |             |                 |
| Suita Api K, etc.   Suit   | 2 Oringinal Di  | lone of Business                         | 2n Mailing Address                 |            |   |  |             | polied For      |
| Suite, Apt. #, etc.  20 21 22 22 23 25 25 26 27 26 27 26 27 27 28 28 29 29 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20  | — - a`  |  | <u> </u>                           |            |   |  | <u> </u>    |                 |
| City & State   City & City & State   City &    |   |  |                                    |            | -                                       | 35-3370300                               |             |                 |
| City & State 23 37 ACC-S-S-S-VILLS FL 28 City & State 23 37 ACC-S-S-VILLS FL 28 City & State 24 32 32 32 5 29 29 So  | <u> </u>  | #, etc.                                  | <u> </u>                           |            |   | 5. Certifcate of Status Desired          |             |                 |
| Trust Fund Contribution  |   |  |                                    |            |   | - Flank Caracter Francisco               | <del></del> |                 |
| 20   | •   |  |                                    |            |   |  |             |                 |
| 9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  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 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 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 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 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 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 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 purpose of changing lits registered directors. I hereby accept the purpose of changing lits registered diffece or registered diffece 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 purpose of changing lits registered diffece or registered diffece or registered diffece or registered agent, or both, in the State of Florida. Such changes agent, or both, in the State of Florida. Such changes agent, or both, in the State of  |   |  |                                    | Country    |   |  |             | 10 1 663        |
| 10. Name and Address of New Registered Agent   |   |  |                                    | - ·        |   | · 1                                      |             | □No             |
| WALCH, PATRICIA 13649 SHIPWATCH DR JACKSONVILLE FL 32225  44 City FL   85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-need corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 607.0505, Florida Statutes, the above-need corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes, the above-need corporation's board of directors. I hereby accept the appointment as registered agent, and an accept the appointment as registered agent, and accept the appointment as accept the appointment as a possible accepts agent and accept the appointment as a possible accepts  | 24 300  |  |                                    | <u>'</u>   |   |  |             |                 |
| WALCH, PATRICIA 13849 SHIPWATCH DR JACKSONVILLE FL 32225  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 697.0502 and 697.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. an affailer with, and accept the obligations of, Section 697.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. an affailer with, and accept the obligations of, Section 697.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. an affailer with, and accept the obligations of, Section 697.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. and affailer with an affailer with, and accept the obligations of, Section 697.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. The section of the purpose of changing its registered depends on the registered agent. The section of the purpose of changing its registered agent. The purpose of changing its registe |   | 9. Name and Address of Current           | Registered Agent                   | 81         | Name                                    | 10. Name and Address of New Register     | ea Agent    |                 |
| 13.649 SHIPWATCH DR JACKSONVILLE FL 32225  14 City  15 City  16 City  16 City  17 City  18 Ci | WAL   | CH PATRICIA                              |                                    |            | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |             |                 |
| ### DELETE   DELETE   STITLE   |   |  |                                    |            | Street Add                              | ress (P.O. Box Number is Not Acceptable) |             |                 |
| 11. Pursuant to the provisions of Sactions 607.0562 and 607.1569. Florida Statutes, the above-named corporation authmits 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 office or registered agent, and accept the obligations of, Section 607.0505, Florida Statutas.  SIGNATURE  Signature, hypord or principle agent and title of appointment and title appointment and the provision of the state of the purpose of changing its registered office or registered apent and title appointment as registered and title appointment and the provision of the state of the purpose of changing its registered office or registered when rehability is part of the corporation's board of directors. I hereby accept the appointment as registered office or registered when rehability is part of the corporation's board of directors. I hereby accept the appointment as registered office of the corporation's board of directors. I hereby accept the appointment as registered office of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered and the corporation's board of directors. I hereby accept the appointment as registered as registered and the corporation's board of directors. In the corporation's board of directors. In the corporation's bo | 1 - <del>1</del> - <del>1</del> - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |  |                                    |            |   |  |             |                 |
| The 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 list 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, 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, or both, in the State of Florida. Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITILE PD  | JACT  | NOOIVILLE PE SZZZS                       |                                    | 83         |   |  |             | ì               |
| The Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, who 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. Hereby accept the appointment as registered ogent, in an familiar with, in the State of Florida, Statutes.    SIGNATURE   Supplied or printed name of registered agent and time it suplicative. (NOTE: Registered Agent expenses authorized by the corporation's board of directors. Hereby accept the appointment as registered agent and time it suplicative. (NOTE: Registered Agent expenses authorized by the corporation's board of directors. Hereby accept the appointment as registered agent, or both, in the State of Florida, Statutes.    SIGNATURE   OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.   The Change   Addition   Addit   |   |  |                                    | 84         | City                                    |  | 85 Zip      | Code            |
| 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 and manual registered agent and in a dacept the obligations of, Section 807.0505. Floridal Statutes.    SIGNATURE  |   |  | <u> </u>                           |            |   |  |             |                 |
| 12   | agent. I a  | m familiar with, and accept the obligati | ions of, Section 607.0505, Florida | 3 Statutes |   | ·  |             |                 |
| TITLE  |   |  |                                    |            | r a gristar o roquir                    |  |             | ORS IN 12       |
| NAME   WALCH, PETER R   12 NAME   13649 SHIPWATCH DR   135TREET ADDRESS   14 GTV-51-7JP   JACKSONVILLE FL 32225   14 GTV-51-7JP   JACKSONVILLE FL 32225   14 GTV-51-7JP   JACKSONVILLE FL 32225   JA   |   |  |                                    |            |   | 7,021,010,011,111,010,10                 |             |                 |
| 13649 SHIPWATCH DR   | 1   | - <del>-</del>                           |                                    | ľ          | Ì                                       |  |             | ì               |
| CITY_ST_ZP    JACKSONVILLE FL 32225  |   |  |                                    |            | ANNDESS                                 |  |             | ļ               |
| TITLE  |   |  |                                    |            | ł                                       |  |             |                 |
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| 13649 SHIPWATCH DR   |   |  | C) SEELE                           |            |   | •  | ca.,go      |                 |
| CITY-ST-ZIP  |   | -  |                                    |            |   | • •                                      |             |                 |
| TITLE  | STREET ADDRESS  |  |                                    |            |   |  |             |                 |
| NAME   |   | JACKSONVILLE FL 32225                    | El perett                          |            | T-ZIP                                   |  | Change      | Addition        |
| STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP  | TITLE   |  | ☐ DEFFIE                           |            |   |  | □ Change    |                 |
| STREET ADDRESS   STRE   | NAME  |  |                                    | -          |   |  |             |                 |
| TITLE  | STREET ADDRESS  |  |                                    |            |   |  |             | -               |
| NAME   | CITY-ST-ZIP   |  |                                    |            | T-ZIP                                   |  |             | A santas        |
| A.3 STREET ADDRESS   A.4 CITY-ST-ZIP   A.4 CITY-ST-ZIP   | TITLE   |  | ∐ DELETE                           |            |   |  | Change      |                 |
| A CITY-ST-ZIP  | NAME  |  |                                    | 4. 2 NAME  |   |  |             | . [             |
| TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         52 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE           NAME         62 NAME           STREET ADDRESS         6.3 STREET ADDRESS  | STREET ADDRESS  |  |                                    | 4.3 STREET | ADDRESS                                 |  |             | ļ               |
| NAME   | CITY-ST-ZIP   |  |                                    | 4.4 CITY-S | r-ZIP                                   |  |             |                 |
| STREET ADDRESS  CITY-ST-ZIP  5.4 CITY-ST-ZIP  TITLE  DELETE 6.1 TITLE  CAMME  6.3 STREET ADDRESS  6.4 CITY ST-ZIP  Change Addition  6.4 NAME  6.5 NAME  6.5 STREET ADDRESS   | TITLE   |  | ☐ DELETE                           | 5.1 TITLE  |   |  | Change      | ☐ Addition      |
| 5.4 CITY-ST-ZIP  | NAME  | li                                       |                                    | 5.2 NAME   |   |  |             | ļ               |
| CITY-ST-ZIP  | STREET ADDRESS  |  |                                    | 5.3 STREET | ADDRESS                                 |  |             | }               |
| TITLE G.1 TITLE G.1 TITLE G.4 Addition  NAME  STREET ADDRESS  6.3 STREET ADDRESS   |   |  |                                    | 5.4 CITY-S | r-ziP                                   |  |             | }               |
| NAME  52 NAME  6.3 STREET ADDRESS  6.4 APPLY ST. TIP.  |   |  | ☐ DELETE                           | 6.1 TITLE  |   |  | Change      | ☐ Addition      |
| STREET ADDRESS 6.3 STREET ADDRESS  |   |  |                                    | 62 NAME    | [                                       |  |             |                 |
| C ( OTT ) DY TIO   |   |  |                                    | 6.3 STREET | ADDRESS                                 |  |             |                 |
|  |   |  |                                    | 6.4 CITY-S | r-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, with all other like empowered.

**SIGNATURE** 

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #