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Sep 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000015382 (0)

1. Corporation Name

FIRST VENTURE ENTERPRISES, INC.

Principal Place of Business

GLADES BUILDING, SUITE 303
877 EXECUTIVE CENTER DR., W.
ST. PETERSBURG FL 33702

Mailing Address

GLADES BUILDING, SUITE 303
877 EXECUTIVE CENTER DR., W.
ST. PETERSBURG FL 33702-2460

3. Date Incorporated or Qualified

02/19/1996

3a. Date of Last Report

2. Principal Place of Business

21 27839 US Highway 19 No.

Suite, Apt. #, etc.

22

City & State

23 Clearwater, FL

Zip

24 34621

Country

25 Pinellas

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

59-3360832

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

MASCARA, ERNEST L
GLADES BUILDING, SUITE 303
877 EXECUTIVE CENTER DR., W.
ST. PETERSBURG FL 33702

10. Name and Address of New Registered Agent

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 607.0502 and 607.0503, 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 understand the provisions of Sections 607.0502, Florida Statutes.

SIGNATURE

12.

OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME MASCARA, ERNEST L
STREET ADDRESS GLADES BLDG., #303, 877 EXEC. CNTR DR., W.
CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME DPT
1.3 STREET ADDRESS David Myers
1.4 CITY-ST-ZIP 27839 US Highway 19 North
Clearwater, Florida 34621

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME DVS
2.3 STREET ADDRESS Arthur G. Carbone
2.4 CITY-ST-ZIP 27839 US Highway 19 North
Clearwater, Florida 34621

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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

[Signature]

9-10-97 813-799-1574