

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

FILED
Feb 17, 1999 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02-17-1999 90001 035 ****150.00

DOCUMENT # P96000029430

1. Corporation Name
VENETIA HARDWARE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
5517 ROOSEVELT BLVD.
JACKSONVILLE FL 32244

Mailing Address
5517 ROOSEVELT BLVD.
JACKSONVILLE FL 32244

3. Date Incorporated or Qualified	04/03/1996
4. FEI Number	59-3370469
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29
25	30

9. Name and Address of Current Registered Agent

RAX CO.
50 NORTH LAURA STREET
3400 BARNETT CENTER
JACKSONVILLE FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DPT <input type="checkbox"/> DELETE
NAME	SMITH, BILLY W
STREET ADDRESS	5517 ROOSEVELT BLVD.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	SMITH, ILENE R
STREET ADDRESS	5517 ROOSEVELT BLVD.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	S <input type="checkbox"/> DELETE
NAME	SMITH, TARA NADINE
STREET ADDRESS	5517 ROOSEVELT BLVD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	T <input type="checkbox"/> DELETE
NAME	SMITH, JOSHUA J
STREET ADDRESS	5517 ROOSEVELT BLVD
CITY-ST-ZIP	JACKSONVILLE FL 32244
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	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jane Smith JARED

1/20/99 381-1161 904

CR2E034 (11/98)