

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

FILED

**Apr 07 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 #

P9600005659

**1. Corporation Name
AMER REALTY OF VENICE, INC.**

Principal Place of Business Mailing Address

**109 West Tampa Avenue
Venice, Florida 34285**

3. Date Incorporated or Qualified **July 5, 1996** **3a. Date of Last Report**

4. FEI Number **65-0691430** **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

2. Principal Place of Business
109 West Tampa Avenue

22. City & State
Venice, Florida

23. Zip **34285** **Country** **USA**

24. 34285 **25. USA**

2a. Mailing Address

27. City & State

28. Zip **Country**

29. 34285 **30. USA**

9. Name and Address of Current Registered Agent

**Chris Caswell
Icard, Merrill, Cullis, Timm, Furen & Ginsburg, P.A.
2033 Main Street
Sarasota, Florida 34237**

10. Name and Address of New Registered Agent

81 Name **Michael J. Belle**
82 Street Address (P.O. Box Number is Not Acceptable) **100 Wallace Avenue**
83 **Suite 380**
84 City **Sarasota** **85 Zip Code** **FL 34237**

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]* **DATE:** **3/26/97**

12. OFFICERS AND DIRECTORS

TITLE	President, Vice Pres, Treasurer, Secretary	<input checked="" type="checkbox"/> DELETE
NAME	Phil Burnstine	
STREET ADDRESS	109 West Tampa Avenue	
CITY-ST-ZIP	Venice, Florida 34285	<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President, Vice President, Treas, Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Natalie Burnstine	
1.3 STREET ADDRESS	109 West Tampa Avenue	
1.4 CITY-ST-ZIP	Venice, Florida 34285	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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***165.00**

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. 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 in an attachment with an address.

SIGNATURE: *Natalie Burnstine* **NATALIE BURNSTINE** **DATE:** **4/25/97** **Daytime Phone #** **4854464**

CR2E034 (9/96)

