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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Mar 14 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

## 1997

| VENTUR  | res unli         | MITED, INC.                         | JU6834U (4)  | ····                    |  |  |                    |                            |              |
|---|------------------|-------------------------------------|--|-------------------------|--|--|--------------------|----------------------------|--------------|
| Principal Place of Business 3103 ASH COURT PALM HARBOR FL 34683 |                  |                                     | Mailing Address<br>3103 ASH COURT<br>PALM HARBOR FL 34683-7013 |                         | 1 (400)(FO) 115 (0)10 01111 00111 00111                                | III DUIIU DIIB)  | ( <b>510</b>       | <b>14</b> 11 1 <b>31</b> 3 |              |
|   |                  |                                     |  |                         |  | 3. Date Incorporated or Qualified 08/15/1996                                       | <b>3a</b> . Da     | ate of Last Re             | aport        |
| 2. Principal P  | lace of Busin    | iess                                | 28. Mailing Address  |                         |  | 4. FEI Number  |                    | <u> </u>                   | plied For    |
| Suite, Apt. #, etc.   |                  |                                     | Suite Ant # etc  | Suite, Apt. #, etc.     |  | 65-0689805   |                    |                            | t Applicable |
| 22  |                  |                                     | 27   |                         | 5. Certificate of Status Desired                                       |  | \$8.75 A<br>Fee Re |                            |              |
| City & State  |                  |                                     | City & State   |                         | 6. Election Campaign Financing   |  | \$5.00             |                            |              |
| 23  |                  |                                     | 28   |                         | Trust Fund Contribution  |  | Added to           |                            |              |
| Zip   |                  | Country                             | Ζφ   | Country                 | 4  | 8. This corporation has liability for  |                    |                            | 199.032,     |
| 24 25 9. Name and Address of Current                            |                  |                                     | nt Begistered Agent  | 30                      | Florida Statutes  Yes No  10. Name and Address of New Registered Agent |  |                    |                            |              |
| DIAID   | TO, CHERY        |                                     | nt trogistered Agent   | 81                      | Name   | To. Name and Address of New P  | egiatereu          | - syoni                    |              |
|   | 3 ASH COL        |                                     |  |                         | <u></u>  |  |                    |                            | <del></del>  |
| PALM HARBOR FL 34683  |                  |                                     |  | 82 Street Add           |  | ress (P.O. Box Number is Not Accepta   | abioj              |                            |              |
|   |                  |                                     |  | 83                      |  |  |                    |                            |              |
|   |                  |                                     |  | 84                      | City   |  | FŁ                 | <b>85</b> Zip C            | Code         |
| 11. Pursuant  | to the provis    | ione of Sections 697 05             | 02 and C07 1508 Florida State                                  | ites the above          | o named con  | poration publishes the etaloment for the   | PUIDOSA A          | changing its               | e togistered |
| office or r   | registered ac    | ent, or both, in the State          | e of Lorida Such Manus was                                     | authorized b            | y the corpora  | poration submits this statement for the<br>tion's board of directors. I hereby acc | ept the app        | ointment as                | registered   |
| SIGNATURE   | iiii ia iiiiai w | ay and accept, the obin             |  | ionda Statute           | <b>5</b> .   |  |                    |                            | ĺ            |
|   | Signature types  | or printed frame of registers of as |  |                         | enc signature requi  | red when reinstatৰজ্)  | DATE               |                            |              |
| 12.   | P                | OFFICERS AN                         | ND DIRECTORS   | 13.                     | <del></del>  | ADDITIONS/CHANGES TO OFF   | ICERS AND          | DIRECTOR:                  | S IN 12      |
| NAME  | ļ <b>"</b>       | ENTURA A                            | נייי) מנונונ   | 1.1 TITLE<br>1.2 NAME   |  |  |                    | change                     | [_] Woodion  |
| STREET ADDRESS  | 3103 ASI         |                                     |  |                         | I ADDRESS  |  |                    |                            |              |
| CITY-ST-ZIP   |                  | RBOR FL 34683                       |  | 1.4 City- :             |  |  |                    |                            |              |
| TITLE   | \$T              |                                     | ☐ DELETE   | 2 1 TITLE               |  |  |                    | Change                     | Addition     |
| NAME  | PINTO, C         |                                     |  | 2.2 NAME                |  |  |                    |                            | j            |
| STREET ADDRESS  | 3103 ASI         |                                     |  | 7.3 STREE               | ADDRESS  |  |                    |                            |              |
| CITY-ST-ZIP   | PALM HA          | RBOR FL 34683                       | T price  | 2. 4 CITY               | ST-ZIF   |  |                    | — ·······                  |              |
| TITLE   |                  |                                     | DULLE  | 3.1 T(TLE               |  |  |                    | Change                     | Addition     |
| NAME<br>CTOSET ADDRESS  |                  |                                     |  | 3.2 NAME                | LANGBERG   |  |                    |                            | 1            |
| STREET ADDRESS<br>CITY-ST-ZIP                                   |                  |                                     |  | 3.3 STREET<br>3.4. CITY |  |  |                    |                            |              |
| TITLE   |                  |                                     | DELETE   | 4.1 TOLE                | 31. 21   |  |                    | Change                     | Addition     |
| NAME  |                  |                                     |  | 4 2 NAME                |  |  |                    |                            | _            |
| STREET ADDRESS  |                  |                                     |  | 4 3 STREE               | T ADDRESS  |  |                    |                            |              |
| CiTY-ST-ZIP   |                  |                                     |  | 4.4 CHY-S               | S1 - 7IP   |  |                    |                            |              |
| TITLE   |                  |                                     | DELETE   | 5 1 1111.0              |  |  |                    | Change                     | Addition     |
| NAME  |                  |                                     |  | 5.2 NAM(                |  |  |                    |                            |              |
| STREET ADDRESS  |                  |                                     |  | 5.3 \$1REE              | Į.   |  |                    |                            | }            |
| CITY-ST-ZIP   | ļ                |                                     | T briter   | 5.4 Cf1Y - 5            | ST-7/P   |  |                    | TT 61                      | A ALCOHOLO   |
| TITLE   |                  |                                     | ☐ DELETE   | 6.1 TIFLE               |  |  |                    | Change                     | Addition     |
| NAME<br>CTOCCT ADDRESS  |                  |                                     |  | 6.2 NAME                | ( ADDRESS  |  |                    |                            |              |
| STREET ADDRESS  |                  |                                     |  | ■ 0.3 STHEE             | FEOUNCOD   |  |                    |                            |              |

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 of the receiver or trustee empowered to secure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on a attachment with an analysis.

6.4 City-ST-7iP

CITY-ST-ZIP