

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

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90056 018 ***150.00

DOCUMENT # P96000082192

1. Corporation Name
VENUE COMPANIES, INC.



Principal Place of Business
11 RACETRACK ROAD
SUITE C-3
FORT WALTON BEACH FL 32547

Mailing Address
11 RACETRACK ROAD
SUITE C-3
FORT WALTON BEACH FL 32547

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 9344 Navarre Pkwy		26 Suite, Apt. #, etc.		10/04/1996	
22 Suite, Apt. #, etc.		27 City & State		4. FEI Number	
23 Navarre FL		28 City & State		59-3403253	
24 Zip 32566		29 Country USA		Applied For	
25		30		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 owes the current year Intangible Personal Property Tax.				Yes No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
REYNOLDS, RICHARD		81 Name	
11 RACETRACK ROAD		82 Street Address (P.O. Box Number is Not Acceptable)	
SUITE C-3		83	
FORT WALTON BEACH FL 32547		84 City	
9344 Navarre Parkway		FL 85 Zip Code	
Navarre FL 32566			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	REYNOLDS, RICHARD	1.2 NAME	
STREET ADDRESS	11 RACETRACK RD., STE. C-3	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	REYNOLDS, DEBORAH	2.2 NAME	
STREET ADDRESS	11 RACETRACK RD., STE. C-3	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BEACH FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-599 850-939-9196
Date Daytime Phone #

0535686

CR2E034 (1/1/98)