

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

FILED

Jul 10 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 # P96000085876 (6)

1. Corporation Name  
VENTURE VALUE VACATIONS, INC.

Principal Place of Business  
1500 NORTHWEST 49 STREET, SUITE 402  
FORT LAUDERDALE FL 33309

Mailing Address  
1500 NORTHWEST 49 STREET, SUITE 402  
FORT LAUDERDALE FL 33309-3722



2. Principal Place of Business 21 3704 NW 16th STREET Suite, Apt. #, etc. 22		2a. Mailing Address 26 3704 NW 16th STREET Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 10/17/1996	3a. Date of Last Report N/A
23 City & State FT LAUDERDALE 24 Zip FL 33311 25 Country BROWARD		28 City & State FT LAUDERDALE, FL 29 Zip 33311 30 Country BROWARD		4. FEI Number 65-070 0134	Applied For Not Applicable
9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134				5. Certificate of Status Desired \$8.75 Additional Fee Required	
10. Name and Address of New Registered Agent JEFF LEVY 640 TENNIS CLUB DRIVE # 103 FT. LAUDERDALE, FL 33311				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

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 a agent. I am familiar with, and accept the obligations of, Section 6 agent.		SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) JEFF LEVY		DATE	
--	--	---	--	------	--

12. OFFICERS AND DIRECTORS		13.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WATSON, JERRY A 1500 NORTHWEST 49 STREET, SUITE 402 FORT LAUDERDALE FL 33309	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO EWART, JOSEPH F 1500 NORTHWEST 49 STREET, SUITE 402 FORT LAUDERDALE FL 33309	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	PRESIDENT EWART, JOSEPH F 3704 N.W. 16th STREET FT. LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SHINE, DENNIS R 1500 NORTHWEST 49 STREET, SUITE 402 FORT LAUDERDALE FL 33309	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TREASURER HATFIELD, GERALD M 3704 NW 16th STREET FT LAUDERDALE FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	SECRETARY BATTERBURY, JAMES 3704 N.W. 16th STREET FT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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 JEFF LEVY		DATE (964) 771-3555	
--	--	------------------------	--	------------------------	--

CR2E034 (9/96)