

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

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000088610 (6)**

1. Corporation Name
T.T. VENTURA, INC.



Principal Place of Business ONE PARK PLACE 621 NORTHWEST 53RD ST., SUITE 450 BOCA RATON FL 33487	Mailing Address ONE PARK PLACE 621 NORTHWEST 53RD ST., SUITE 450 BOCA RATON FL 33487-8238
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 10/28/1996	3a. Date of Last Report
4. FEI Number 65-0710660	Applied For <input type="checkbox"/> Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FLOEGEL, JOHN M. ONE PARK PLACE 621 NORTHWEST 53RD ST., SUITE 450 BOCA RATON FL 33487

10. Name and Address of New Registered Agent 81 Name NEESA B. Warlen 82 Street Address (P.O. Box Number is Not Acceptable) 621 NW 53rd St 83 Suite 450 84 City Boca Raton FL 85 Zip Code 33487
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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 *Neesa B. Warlen* DATE **4/3/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	CSD <input type="checkbox"/> DELETE
NAME	WEISSMAN, MICHAEL
STREET ADDRESS	621 N.W. 53RD ST., SUITE 450
CITY-ST-ZIP	BOCA RATON FL 33487
TITLE	PD <input type="checkbox"/> DELETE
NAME	WEISSMAN, RICHARD S
STREET ADDRESS	621 N.W. 53RD ST., SUITE 450
CITY-ST-ZIP	BOCA RATON FL 33487
TITLE	VPT <input type="checkbox"/> DELETE
NAME	RUBIN, GARY
STREET ADDRESS	621 N.W. 53RD ST., SUITE 450
CITY-ST-ZIP	BOCA RATON FL 33487
TITLE	VP <input type="checkbox"/> DELETE
NAME	FLOEGEL, JOHN M
STREET ADDRESS	621 N.W. 53RD ST., SUITE 450
CITY-ST-ZIP	BOCA RATON FL 33487
TITLE	VP <input type="checkbox"/> DELETE
NAME	RILEY, DARLENE
STREET ADDRESS	621 N.W. 53RD ST., SUITE 450
CITY-ST-ZIP	BOCA RATON FL 33487
TITLE	VP <input type="checkbox"/> DELETE
NAME	PANTON, JENNIFER
STREET ADDRESS	621 N.W. 53RD ST., SUITE 450
CITY-ST-ZIP	BOCA RATON FL 33487

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	700002153117
4.3 STREET ADDRESS	-04/24/97--01007--011
4.4 CITY-ST-ZIP	***5445.00
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Roberta Stetson
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: *Richard S. Weissman* DATE **4-10-97** (561) 994-6226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #
Richard S. Weissman President

CR2E034 (9/96)