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FILED

Apr 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000088610 (6)

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

Principal Place of Business

Mailing Address

ONE PARK PLACE
621 NORTHWEST 53RD ST., SUITE 450
BOCA RATON FL 33487

ONE PARK PLACE
621 NORTHWEST 53RD ST., SUITE 450
BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1996

4. FEI Number

65-0710660

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WARLEN, NEESA B
621 NW 53RD ST
SUITE 450
BOCA RATON FL 33487

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and date of application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CSD
NAME WEISSMAN, MICHAEL
STREET ADDRESS 621 N.W. 53RD ST., SUITE 450
CITY-ST-ZIP BOCA RATON FL 33487

☒ DELETE

TITLE PD
NAME WEISSMAN, RICHARD S
STREET ADDRESS 621 N.W. 53RD ST., SUITE 450
CITY-ST-ZIP BOCA RATON FL 33487

☐ DELETE

TITLE VPT
NAME RUBIN, GARY
STREET ADDRESS 621 N.W. 53RD ST., SUITE 450
CITY-ST-ZIP BOCA RATON FL 33487

☐ DELETE

TITLE VP
NAME FLOEGEL, JOHN M
STREET ADDRESS 621 N.W. 53RD ST., SUITE 450
CITY-ST-ZIP BOCA RATON FL 33487

☒ DELETE

TITLE VP
NAME RILEY, DARLENE
STREET ADDRESS 621 N.W. 53RD ST., SUITE 450
CITY-ST-ZIP BOCA RATON FL 33487

☒ DELETE

TITLE VP
NAME STETSON, ROBERTA
STREET ADDRESS 621 N.W. 53RD ST., SUITE 450
CITY-ST-ZIP BOCA RATON FL 33487

☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

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.

SIGNATURE:

3/16/98 (511) 994-6276

CR2E034 (10/97)