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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000103889 (7)

VENTURE INSURANCE GROUP, INC.

						1 100 110 110 100 10 100 10 100 10 100 10 1	11011 20100 11 10 1 71 171 11110 1111 1101
Principal Place of Business Mailing Address							
360 CENTRAL (ST. PETERSBU			360 CENTRAL AVENUE St. Petersburg FL 33701-3657				
						3. Date Incorporated or Qualified	3a. Date of Last Report
						12/30/1996	,
2. Principal F	lace of Business	2a. Mailing /	2a. Mailing Address			4. FEI Number	Applied For
21		26	26			59-3416863	Not Applicable
Suite, Apt.	#, etc	Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired	
City & Stat	е	City & St	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Zφ	Country Zip			Country		8. This corporation has liability for intangible tax under s. 199.032,	
24	9. Name and Address of Co	29 urrent Registered Age			Florida Statutes Yes X No 10. Name and Address of New Registered Agent		
		urrent Registered Age		B1	Name	10. Name and Address of New Ne	Sieralen wähllt
	TON, C. ANTHONY			"	INDITIO		
	CENTRAL AVENUE			82	Street Ad	Address (P.O. Box Number is Not Acceptable)	
S T. 1	PETERSBURG FL 33701			83			
				63			l
				84	City		FL 85 Zip Code
11. Pursuant office or agent. La	to the provisions of Sections 60 registered agent, or both, in the imfamiliar with, and accept the	7.0502 and 607.1508, I State of Florida. Such o obligations of, Section	florida Statutes change was au 607.0505, Flori	s, the above thorized by ida Statute	e-named co the corpor s.	propriation submits this statement for the pration's board of directors. I hereby accept	urpose of changing its registered at the appointment as registered
SIGNATURE							
	Signature, lyped or printed name of register		(NOTE		ent signature rec	uked when reinstating)	DATE
12.	OFFICER	S AND DIRECTORS	T DES EXE	13.		D. EVP.	
TITLE		Ĺ	DELETE	1.1 TITLE	1	MENKE, ROBERT G.	Change Addition
NAME		•		1.2 NAME		360 Central Ave.	l
STREET ADDRESS				1.3 STREET			33701
CITY - S1 - ZIP] DELETE	1.4 CiTY - 5	T-ZIP	V. CFO.	Change Addition
TITLE		L.	יו הנינונ	2.1 TITLE	1	•	CT change (28 Addition
NAME				2.2 NAME		KING, KELLY K.	!
STREET ADDRESS				2.3 STREET		360 Central Ave.	20701
CITY-ST-7P			DELETE	2.4 CITY -	ST-ZIP		33701
TITLE		L	ין טנגנונ	3 1 TITLE 3.2 NAME		C,D	Change May voorion
NAME						Menke, Robert M.	
STREET ADDRESS				3.3 STREET		360 Central Ave.	
CITY-ST-2IP TITLE			DELETE	3.4 CITY-	ST-ZIP		3701 Change K Addition
ł		L	שוטטע ני	4.1 MILE		VC, D, P.	Change A Roution
NAME					ADDDCCC	Meehan, David K.	
STREET ADDRESS	į				ADDRESS	360 Central Ave.	7 7 7 0 1
CITY-ST-ZIP TITLE			DELETE	4.4 CITY - 5.1 TITLE	oi-Eir		33701
ļ		<u> </u>		1		D, T Hussemann, Edwin C.	One-igo
NAME				5.2 NAME	4000000	•	
STREET ADDRESS					ADDRESS	360 Central Ave.	77701
CITY-ST-ZIP TITLE	<u></u>	г	DELETE	5.4 CITY-1	91-ZIP	St. Petersburg, FL	Change Addition
NAME	}	L		6.2 NAME	}	D, S Delano, G. Kristin	the common that requires
STREET ADDRESS					ADDRESS	360 Central Ave.	
L SIDELI WOONESS	1			m ud ain De	TOURILOG !		

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 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. REQUIRED istin Delano **SIGNATURE:**

2/17/97

(813) 823-4000x4416

FILED

Apr 22 1997 8:00am

Secretary of State

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Daylime Phone # 0007699