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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Apr 14 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700005657 (6)

VENTURE INVESTMENTS FUNDING INC.

Principal Plan	e of Business	Mailing Addrage			
Principal Place of Business  500 LAKE AVE. #167		Mailing Address			
LAKE WORTH FL 33460		500 LAKE AVE. #167 LAKE WORTH FL 33460		56 1167 1116175 11171	0.00±05
				DO NOT WRITE IN THI  3. Date Incorporated or Qualified	S SPACE
				01/13/1997	
<u> </u>	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0721174	Not Applicable
Suite, Apt.	. #, e[C.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25 9. Name and Address of Curr		[30]	Personal Property Tax due June 30.  10. Name and Address of New Registere	Yes No
CV	IGLE, KIMBERLY	784111	81 Name	10, manual and regulos of 10th Hollston	
500 LAKE AVENUE			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
#167				areas (F.O. Box Number is Not Notapiaole)	
LAI	KE WORTH FL 33460		83		
			84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607 1508. Florida Statute	es the above-named cor	poration submits this statement for the purpose	
l office or r	registered agent, or both, in the Standard agent the obj	ite of Florida. Such chance was a	iuthorized by the corpora	ation's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	and the spine of t	Althors of George Col 10000, Flo	maa Statates.		
	Signature, typind or printed name of registered	· · · · · · · · · · · · · · · · · · ·	: Registered Agent signature requ		
12.	D OFFICIRS A	ND DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12  Change Addition
NAME	CAGLE, KIMBERLY		1.2 NAME		
STREET ADDRESS	500 LAKE AVE. #167		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33460	····	14 CITY-ST-ZIP		
TITLE	0	☐ DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME OZDECZ ADDOCCO	CAGLE, DAVID		2.2 NAME		
STREET ADDRESS City-St-Zip	500 LAKE AVE. #167 LAKE WORTH FL 33460		2 3 STREET ADDRESS		
TATLE	GINE HORITITE 00700	DELETE	2. 4 CHY+SI+ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		-
STREET ADORESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TIPLE		Change Addition
NAME CIRCL ADDRESS			4.2 NAME 4.3 STREET ADDRESS		-
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		4.3 STREET ADDRESS		
TITLE		DELETE	5.1 TIFLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Thritte	5.4 CITY - ST - ZIP	.,,	Chance T 123a
TITLE		☐ DECETE	6.1 THLE		☐ Change ☐ Addition

6.4 CITY - ST - ZIP 14. Thereby 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 receive of 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 man all an intent with an address.

STREET ADDRESS CITY-ST-ZIP