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

**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000014155 (0)

**VENICE WAREHOUSE, INC.** 

## **FILED** May 11 1998 8:00am Secretary of State



T Burno Hizner (quilupp-2001

| Principal Place of Business Mailing Address |  |                                       |                     |                    |                             | D INDUINDS HE SELECTION OF THE SELECTION OF THE  | JINII OINNI  | /1001 0110           | ) ( <b>0</b> ( 1) ( <b>0</b> ) ) |
|---|--|---------------------------------------|---------------------|--------------------|-----------------------------|--|--------------|----------------------|----------------------------------|
| 501 S. PARK<br>VENICE FL 34                 |  | 501 S. PARK BLVD.<br>VENICE FL 34285  |                     |                    |                             | DO NOT WRITE IN TH   | IS SPACE     | Ē                    |                                  |
|   |  |                                       |                     |                    |                             | 3. Date incorporated or Qualified 02/10/1997   |              |                      |                                  |
| 2. Principal Pi                             | ace of Businoss  | 2a. Mailing Address                   |                     |                    |                             | 4. FEI Number  |              | Ap                   | plied For                        |
| 21  |  | 26                                    | 26                  |                    |                             |  |              |                      | Applicable                       |
| Sulte, Apt. 4                               | f, etc.  | Suite, Apt. #, etc.                   | Suite, Apl. #, etc. |                    |                             | Certificate of Status Desired     Status Desired     Status Desired     Status Desired     Status Desired     Status Desired |              |                      |                                  |
| City & State                                | )  | City & State                          |                     |                    |                             | 6. Election Campaign Financing \$5.00 May Be   |              |                      |                                  |
| 23  |  | 28                                    | 28                  |                    |                             | Trust Fund Contribution  |              |                      |                                  |
| Zip   | Country  | Zıp                                   | h                   | Country            |                             | 8. This corporation owes or has paid the   |              |                      |                                  |
| 24  | 25]  | 29                                    | 30                  |                    |                             | Personal Property Tax due June 30. Yes 12 No  10. Name and Address of New Registered Agent                                   |              |                      |                                  |
|   | 9. Name and Address of Cur   | rent Hegistered Agent                 |                     | 81                 | Name                        | 10. Name and Address of New Register   | ed Agent     |                      | ·· <del></del> ··                |
|   | BERTS, GREGORY C   |                                       |                     |                    |                             |  |              |                      |                                  |
|   | I <b>VE</b> NICE AVE. W.<br>NIOE FL 34285  |                                       | ļ                   | 82                 | Street Addre                | ress (P.O. Box Number is Not Acceptable)   |              |                      | į                                |
| , ,   |  |                                       |                     | 83                 |                             |  |              |                      |                                  |
|   |  |                                       | Ī                   | 84                 | City                        | <u> </u>   | L 85         | Zip C                | ode                              |
| office or re                                | o the provisions of Sections 607.0<br>agistered agent, or both, in the St<br>in familiar with, and accept the ob | ate of Florida. Such chance w         | as authorized       | l hv t             | named corp<br>the corporati | oration submits this statement for the purposion's board of directors. I hereby accept the                                   | e of chan    | ging its<br>ent as i | registered<br>registered         |
| SIGNATURE                                   | ,  | •                                     |                     |                    |                             |  |              |                      |                                  |
|   | Signature, typed or pointed name of registered   |                                       | <u> </u>            | Ageni              | l signature require         | ed when reinstating) DAT   |              |                      | 5.01.40                          |
| 12.   |  | AND DIRECTORS DELETE                  | 13.                 |                    |                             | ADDITIONS/CHANGES TO OFFICERS  |              | :CTOH:               | S IN 12 Addition                 |
| TITLE                                       | DP BUDGE D MAY   | ☐ httri£                              | 1.1 Titl            |                    |                             |  |              | iangs                | L. Mudition                      |
| NAME  | Burge, R. Max<br>501 S. Park Blvd.   |                                       | 12 NA               |                    | 2000000                     |  |              |                      | 1                                |
| STREET ADDRESS                              | VENICE FL 34285  |                                       | 1.3 STF<br>1.4 C/T  |                    | DDRESS                      |  |              |                      | 1                                |
| CITY-ST-ZIP<br>TITLE                        | DST DST  | ☐ DELETE                              | 2.1 TiTi            | -                  | ZIF                         |  |              | hange                | Addition                         |
| NAME  | BURGE, MARIE J   | _                                     | 2 2 NA              |                    |                             |  | _            | -                    |                                  |
| STREET ADDRESS                              | 501 S. PARK BLVD.  |                                       |                     | 2 3 STREET ADDRESS |                             | a  |              |                      |                                  |
| CITY-ST-ZIP                                 | VENICE FL 34285  |                                       | 2 4 CF              |                    |                             | *  |              |                      |                                  |
| TITLE                                       |  | DELETE                                | 3.1 TIT             |                    |                             |  | C            | hange                | Addition                         |
| NAME  |  |                                       | 3.2 NA              | ME                 |                             |  |              |                      |                                  |
| STREET ADDRESS                              |  |                                       | 3.3 STF             | REET A             | DDRESS                      |  | _            |                      |                                  |
| CITY-ST-ZIP                                 |  | · · · · · · · · · · · · · · · · · · · | 3.4. CI             |                    | - 7IP                       |  |              |                      | <del></del>                      |
| TITLE                                       |  | L.) DELETE                            | 4.1 T)T(            |                    |                             |  |              | nange                | Addition                         |
| NAME  |  |                                       | . 4.2 NA            |                    |                             |  |              |                      |                                  |
| STREET ADDRESS                              |  |                                       |                     |                    | DDRESS                      |  |              |                      |                                  |
| CITY-ST-ZIP                                 |  | DELETE                                | 4.4 CIT<br>5.1 TITI |                    | - ZIP                       |  |              | hanne                | Addition                         |
| TITLE                                       |  | F" receit                             |                     |                    |                             |  | ں ب          | idi iYo              | LJ AUGITION                      |
| NAME<br>CORCET ADDRESS                      |  |                                       | 5.2 NAI             |                    | DDRESS                      |  |              |                      |                                  |
| STREET ADDRESS                              |  |                                       | 5.4 CIT             |                    |                             |  |              |                      |                                  |
| CITY-ST-ZIP<br>TITLE                        |  | DELETE                                | 6.1 TITI            |                    | - 641                       |  | C            | hange                | Addition                         |
| NAME  |  |                                       | 6.2 NAI             |                    |                             |  |              | -                    |                                  |
| STREET ADDRESS                              |  |                                       | I -                 |                    | DDRESS                      |  |              |                      |                                  |
| CITY-ST-ZIP                                 |  |                                       | 6.4 CIT             |                    | i                           |  |              |                      |                                  |
|   | ertily that the information supplied   | d with this filing does not quali     |                     |                    |                             | Section 119.07(3)(i), Florida Statutes, I furthe   | r certify th | at the               | Information                      |

Thereby comy that the information supplied with this limit does not quality for the exemption stated in Section 119.07(3)(). Florida Statutes. Turther certify that the information indicated on this annual report is rupelemental 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.