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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000081700 (1)

VENTRACO CORPORATION, INC. Principal Place of Business 8008 NORTHWEST 31ST AVE UNIT 1104 GAINESVILLE FL 32606 Mailing Address 8008 NORTHWEST 31ST AVE UNIT 1104 GAINESVILLE FL 32606			AVE		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
2. Principal Pi	ace of Business	2a. Mailing Address			09/22/1997 4. FEI Number	Applied	LEor
21	SAME				59-3468909	Not App	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additio	
22		27				Fee Required	
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May I	
23 Zip	Country	28 Z ₁₀	Cou	ntry	Trust Fund Contribution 8. This corporation owes or has paid the curr	Added to Fee	
24	25	29	30	7		Yes No	
	9. Name and Address of Curren				10. Name and Address of New Registered A	igent	
SIGNATURE			es, the at authorized orida Stat		propration submits this statement for the purpose of ration's board of directors. I hereby accept the apport	es Zip Code changing its regioniment as regist	
	Signature, typed or printed name of registered age			Agent signature rei	quired when reinstating) DATE		
12.	PTD OFFICERS AND	DELFTE	13,	16	ADDITIONS/CHANGES TO OFFICERS AND		12 Addition
NAME	ZADEZENSKY, JOSE A	[] O(())	1.2 NA			C Ollarige C	ASSISTED
STREET ADDRESS	8008 NW 31 AVE, UNIT 1104	1		REET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32606			TY-ST-ZIP			
TITLE		DELETE	2.1 1(1			Change	Addition
NAME			2.2 NA	ME			
STREET ADDRESS			2.3 ST	reet address			
CITY-ST-ZIP			2 4 0	TY-ST-ZIP			
TITLE		☐ DELETE	3.1 TIT	LE		Change .	Addition
NAME			3.2 NA				
STREET ADDRESS				REET ADORESS			
CITY-ST-ZIP				TY-ST-ZIP		Change	Addition
TITLE				LE		CHARRE LT	MUUIIIUII
NAME CIPTET ADODESS			4 2 N				
STREET ADDRESS				REET ADDRESS TY-ST-ZIP			
CITY-ST-ZIP TITLE		DELETE	9.4 CI 5.1 TII			Change	Addition
NAME			5.2 NA	· 1			
			J., 10				

City-SI-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 supplements 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 report or the receiver or taytone emitwered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachnormal annual report.

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

03-10-98

352-373 7991

Change

Addition

FILED

Mar 13 1998 8:00am

Secretary of State