05-08-1999 90015 026 \*\*\*150.00

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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000007734

Principal Place of Business

VENTURE CAPITAL STRATEGISTS, INC.

4150 123RD TRAIL NORTH ROYAL PALM BEACH FL 33411		4150 123RD TRAIL NORTH ROYAL PALM BEACH FL 33411			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
					01/23/1998			
Principal Place of Business     2a. Mailing Address					4. FEI Number	Apr	plied For	
21	26				× No	t Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 △		
22	<u> </u>				3. Continue of Otalia Basilea	Fee Re	quired	
City & State City & State				6. Election Campaign Financi				
23		28			Trust Fund Contribution	Added to	o Fees	
Zip	Country Zip		Country		8. This corporation owes the current year Intangible			
24				Personal Property Tax. Yes No				
	9. Name and Address of Curre	nt Registered Agent		r	10. Name and Address of New Registe	red Agent		
200	WENTAND DUTLE		81	Name			{	
PROVENZANO, RUTH				82 Street Address (P.O. Box Number is Not Acceptable)				
107 HALFMOON CIRCLE								
LAN	TANA FL 33462		83					
			84	City		85 Zip C	Code	
				,		FL		
office or i	egistered agent, or both, in the State im familiar with, and accept the oblig	of Florida. Such change was au ations of, Section 607.0505, Flor	ithorized by ida Statute:	the corpor i.	orporation submits this statement for the purpos ration's board of directors. I hereby accept the a	ppointment as rec	gistered	
				ered Agent signature required when reinstating)  DATE  DATE				
12.	OFFICERS A	ND DIRECTORS	13.	<del></del>	ADDITIONS/CHANGES TO OFFICERS A	S AND DIRECTO	Addition	
TITLE		L'I DELETE	1.1 TITLE		President	Change	LE Addition	
NAME			1.2 NAME		Paul Barrett		ł	
STREET ADDRESS	I ***		1.3 STREE	TADDRESS	4150 123rd Tr. N.	22000	}	
CITY-ST-ZIP				T-ZIP	4150 12318 Tr. N.  Royal Palm Bla(4, F( 3341)  Change Addit			
TITLE		☐ DELETE	2.1 TITLE		•	Change	☐ Addition	
NAME			2.2 NAME				ĺ	
STREET ADDRESS			2.3 STREE	T ADDRESS				
CITY-ST-ZIP				ST-ZIP				
TITLE	☐ DELETE 3.11		3.1 TITLE			Change	☐ Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	TADORESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE	☐ DELETE 4.1T					Change	☐ Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	TADORESS			}	
CITY-ST-ZIP	1		4.4 CITY-5	T-ZIP				
TITLE		☐ DELETE	5.1 YITLE			☐ 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, with all other like empowered.

6.2 NAME

5.2 NAME 5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: \_

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

Addition