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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000012699

1. Corporation Name

VENTURA GRAPHICS, INC.

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90118 047 ***150.00



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Principal Place of	Business	Mailing Address			_	1100110017					
21218 SAINT ANDREWS BLVD. #641 21218 SAINT ANDREWS BLVD. #641 BOCA RATON FL 33433 BOCA RATON FL 33433											
BOCA RATON FL 3				DO NOT WRITE IN THIS SPACE							
						3. Date Incorpor	ated or Qualifed	<u>. </u>			
						02/09/1998	3				
Principal Place of Business. 2a. Mailing Address				A . A . U. TO		4. FEI Number 0 2 7 9 6 3 5			— 	oplied For	
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Suite, Apt. #, etc. Suite, Apt. #, etc. 27 27 27 27 27 27 27 27 27 27 27 27 27						5. Certificate of Status Desired					
City & State		City & State	City & State 28 NAOLES FL			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
23 Zip	Country	Zio	Cour	try	 -	8. This corporati		ent vear Int	angible		
24	25 29 34103·449 30 C			LIER		Personal Prop		, > -	Yes	□No	
). Name and Address of Currer		1			10. Name and A		Registered	Agent		
· · · ·			81 Name								
CORPORATION SERVICE COMPANY 1201 HAYS STREET					82 Street Address (P.O. Box Number is Not Acceptable)						
					2 Street Address (P.O. Box Nulliber is Not Acceptable)						
Talilah	IASSEE FL 32301-2525		Ì	83			•				
	•	•	-	84 City					85 Zip	Code	
				84 City				FL	. 3 2	0040	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										registered egistered	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered					required wh			DATE			
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CI	HANGES TO OF	FICERS AN			
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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 changes, if on an attachment with an address, with all other like empowered.

SIGNATURE: