## 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 # P98000020866

VENTURE CORP COMMUNICATIONS, INC.

## **FILED** Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90248 049 \*\*\*150.00



Principal Place of Business Mailing Address							
665 REMINGTON FOREST DRIVE 665 REMINGTON FOREST D SWITZERLAND FL 32259 SWITZERLAND FL 32259			RIVE				
						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed	
						03/04/1998	
2. Principal Pi	lace of Business	2a. Mailing Address				4. FEI Number Applied For	
21		26			59 - 349 6464   Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desirêd See Reguired	
22		27					
City & State	e	City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees	
Zip	Country	Zip	Coun	itry		8. This corporation owes the current year Intangible	
24	25	29 3	0			Personal Property Tax.	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered Agent	
			1	81	Name	•	
CAPUTO, VINCENT J			١.	82	Stroot Add	dress (P.O. Box Number is Not Acceptable)	
665 REMINGTON FOREST DRIVE				52	Street Add	diess (P.O. Box Nulliber is Not Acceptable)	
SWIT	rzerland fl 32259		1	83			
			L	$\dashv$			
			1	84	City	FL 85 Zip Code	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was aut	honzed	DV I	tne corporat	rporation submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered	
Signature, typed or printed name of registered agent and title if applicable. (NOTE:				lgent	t signature requir	ired when reinstating) DATE	
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D DELETE		1.1 TITLE			☐ Change ☐ Additio	
NAME	CAPUTO, VINCENT J		1.2 NAME				
STREET ADDRESS	I '		1.3 STREET ADDRESS		ADDRESS		
CITY-ST-ZIP	SWITZERLAND FL 32259		1.4 CIT	Y-ST	-ZIP		
TITLE	PVST	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition	
NAME	CAPUTO, VINCENT J		2.2 NAME				
STREET ADDRESS	665 REMINGTON FOREST DRIVE		2.3 STREET ADDRES		ADORESS	***	
CITY-ST-ZIP	SWITZERLAND FL 32259		2.4 CITY-ST-ZIP		T-ZiP		
TITLE		☐ DELETE	3 1 TITL	Æ		☐ Change ☐ Additio	
NAME			3.2 NAM	νE			
STREET ADDRESS			3.3 STF	₹EET	ADDRESS		
CITY-ST-ZIP			3.4. CIT	Y-\$	T-ZIP		
TITLE		☐ DELETE	4.1 TITL	_		☐ Change ☐ Additio	
NAME			4. 2 NA	ME			

CITY-ST-ZIP 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 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 or an attachment with an address, with all other like empowered.

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

☐ DELETE

Date

Daytime Phone #

☐ Change

☐ Addition

Addition