


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

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

02-22-1999 90077 007 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000031677

1. Corporation Name
VENETIA ACCEPTANCE COMPANY, INC.



Principal Place of Business 5943 ROOSEVELT BLVD. JACKSONVILLE FL 32244	Mailing Address 5943 ROOSEVELT BLVD. JACKSONVILLE FL 32244
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/06/1998	
21		26		4. FEI Number 59-3503715	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WRIGHT, JENNINGS M 1263 JOURNEYS END LANE JACKSONVILLE FL 32223				10. Name and Address of New Registered Agent			
				81 Name	Wright JENNINGS T		
				82 Street Address (P.O. Box Number is Not Acceptable)	1263 Journeys End Ln		
				83			
				84 City	FL	85 Zip Code	32223

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.

SIGNATURE: Jennings T. Wright Jennings T. Wright Jan 4, 99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTSD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WRIGHT, JENNINGS M			1.2 NAME	Wright, Jennings T		
STREET ADDRESS	1263 JOURNEYS END LANE			1.3 STREET ADDRESS	1263 Journeys End Ln		
CITY-ST-ZIP	JACKSONVILLE FL 32223			1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32223		
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WRIGHT, JACQUELENE T			2.2 NAME			
STREET ADDRESS	1263 JOURNEYS END LANE			2.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32223			2.4 CITY-ST-ZIP			
TITLE	TSD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Wright, JENNINGS M.			3.2 NAME			
STREET ADDRESS	1263 Journeys End Ln			3.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32223			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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 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.

SIGNATURE: Jennings T. Wright Jan 4, 99 904-277-0342
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)