

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

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90061 012 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000049442**

1. Corporation Name  
**VENESIA, INC.**

Principal Place of Business C/O KENNETH R. WASHBURN 7041 GRAND NATIONAL DRIVE, SUITE 122 ORLANDO FL 32819	Mailing Address C/O KENNETH R. WASHBURN 7041 GRAND NATIONAL DRIVE, SUITE 122 ORLANDO FL 32819
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3102 Marshland Court Suite, Apt. #, etc. 22 City & State 23 Kissimmee, Fl Zip Country 24 34743 25 USA	2a. Mailing Address 26 3102 Marshland Court Suite, Apt. #, etc. 27 City & State 28 Kissimmee, Fl Zip Country 29 34743 30 USA	3. Date Incorporated or Qualified 06/01/1998	4. FEI Number 593523831 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
		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

WASHBURN, KENNETH R  
 7041 GRAND NATIONAL DRIVE, SUITE 122  
 ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name Asrar Hassan, Ibrahim Hasson	82 Street Address (P.O. Box Number is Not Acceptable) 3102 Marshland Court	83	84 City Kissimmee	85 Zip Code FL 34743
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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 ASRAR HASSAN DATE 1-15-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	EL DIN, ADEL SALAH	
STREET ADDRESS	7041 GRAND NATIONAL DRIVE, SUITE 122	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input type="checkbox"/> DELETE
NAME	IBRAHIM HASSAN, ASRAR HASSAN	
STREET ADDRESS	7041 GRAND NATIONAL DRIVE, SUITE 122	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D	
1.3 STREET ADDRESS	EL DIN, ADEL SALAH	
1.4 CITY-ST-ZIP	3102 Marshland Court Kissimmee, Fl 34743	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	D	
2.2 NAME	IBRAHIM HASSAN, ASRAR HASSAN	
2.3 STREET ADDRESS	3102 Marshland Court	
2.4 CITY-ST-ZIP	Kissimmee, Fl 34743	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: ASRAR HASSAN DATE 1-15-99 DAYTIME PHONE # 407-348-2979

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)