

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

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

02-25-1999 90061 012 ***150.00

0100158

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

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"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		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 FL 85 Zip Code
34743

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-15-99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EL DIN, ADEL SALAH	1.2 NAME	D
STREET ADDRESS	7041 GRAND NATIONAL DRIVE, SUITE 122	1.3 STREET ADDRESS	EL DIN, ADEL SALAH
CITY-ST-ZIP	ORLANDO FL 32819	1.4 CITY-ST-ZIP	3102 Marshland Court
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Kissimmee, FL 34743 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IBRAHIM HASSAN, ASRAR HASSAN	2.2 NAME	D
STREET ADDRESS	7041 GRAND NATIONAL DRIVE, SUITE 122	2.3 STREET ADDRESS	IBRAHIM HASSAN, ASRAR HASSAN
CITY-ST-ZIP	ORLANDO FL 32819	2.4 CITY-ST-ZIP	3102 Marshland Court
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Kissimmee, FL 34743 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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:

ASRAR HASSAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-99

Date

407-348-2979

Daytime Phone #

CR2E034 (11/98)