


FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90156 038 ***150.00

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

DOCUMENT # P98000102770

1. Corporation Name

VENTURE INSURANCE PARTNERS, INC.

Principal Place of Business

Mailing Address

 C/O MARC H. AUERBACH, ESQ.
 100 SE 2ND STREET 28TH FLOOR
 MIAMI FL 33131

 C/O MARC H. AUERBACH, ESQ.
 100 SE 2ND STREET 28TH FLOOR
 MIAMI FL 33131


DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/08/1998

4. FEI Number

05-0892246

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 201 S. Biscayne Blvd.

26 201 S. Biscayne Blvd.

22 Suite # 2000

27 Suite # 2000

23 Miami, Florida

28 Miami, Florida

24 33131 25 US

29 33131 30 US

9. Name and Address of Current Registered Agent

 AUERBACH, MARC H
 100 SE 2ND STREET 28TH FLOOR
 MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 201 S. Biscayne Blvd.
2000

84 City Miami

FL

85 Zip Code 33131

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	Sr. Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Martin Kofsky	
1.3 STREET ADDRESS	6301 Collins Avenue,	
1.4 CITY-ST-ZIP	Miami Beach, FL 33140	
2.1 TITLE	President / CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Marlisa Marie Drabner	
2.3 STREET ADDRESS	6301 Collins Avenue	
2.4 CITY-ST-ZIP	Miami Beach, FL 33140	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99

305-715-4433

Date

Daytime Phone #

CR2E034 (1/98)