

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # S18814 (1)
1. Corporation Name
VENTURI HOLDING COMPANY

| | |
|---|---|
| Principal Place of Business 2771 NE 58TH STREET FT. LAUDERDALE FL 33308 | Mailing Address 2771 NE 58TH STREET FT. LAUDERDALE FL 33308 |
|---|---|



FILED

97 AUG 11 AM 8: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|---|--|--|--|--|--|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | | 3. Date Incorporated or Qualified 12/17/1990 | | 3a. Date of Last Report 08/21/1996 | |
| 4. FEI Number 65-0236705 | | 5. Certificate of Status Desired <input type="checkbox"/> | | Applied For Not Applicable | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | 7. Additional Fee Required \$8.75 | | 5.00 May Be Added to Fees | | | |

9. Name and Address of Current Registered Agent

**WILLIAMS, MICHAEL A.
2771 NE 58TH STREET
FT. LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

| | |
|--|--------------------|
| B1 Name | |
| B2 Street Address (P.O. Box Number is Not Acceptable) | |
| B3 | |
| B4 City | B5 Zip Code |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | PTD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILLIAMS, MICHAEL A. | 1.2 NAME | |
| STREET ADDRESS | 2771 NE 58TH STREET | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33308 | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | |
| NAME | PAGANO, CLAUDIA | 2.2 NAME | |
| STREET ADDRESS | 2771 NE 58TH STREET | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33308 | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <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 do 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.

CR2E034 (4/97)

VENTURI HOLDING COMPANY, INC.
Investment and Management of Commercial Property

pg. 2

August 8, 1997

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Annual Report, Venturi Holding Company, Inc. TIN #65-0236705

To Whom It May Concern:

Please find enclosed another completed Annual Report and check in the amount of \$165.00. The original check and form was mailed on January 2, 1997. Apparently there was a problem with a mail machine that damaged a number of applications and your records do not show receiving the original paperwork.

I spoke with someone at the Secretary of State office this morning and was told to send back in the necessary paperwork along with this letter explaining what happened to the original paperwork.

Thank you for your prompt attention to this matter.

Sincerely,



Melanie Morin,
ACCOUNTING MANAGER

Enclosures