FILE	NOW: FILING	G FEE AFTER	FILED							
COR ANNU	PROFIT PORATION IAL REPORT 1998		FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Socretary of State  DIVISION OF CORPORATIONS			Apr 07 1998 8:00am Secretary of State				
DOCUN 1. Corporation	MENT # S	58893	(6)							
	VENUE PROPERT		( )							
Principal Place P.O. BOX 172 CLEARWATER	27	P.C	Mailing Address P.O. BOX 17227 CLEARWATER FL 34622			DO NOT WRITE IN THIS SPACE				
2. Principal Pl	ace of Business	2a. 1	Mailing Address		n (	<u> </u>	3. Date Incorporated or Qualified 06/10/1991 4. FEI Number	<del></del>	<del></del>	plied For
21 23 35 Suite, Apt. (	Ulmeeten (a) #, etc. - 21	26 0	Suite Apt. #, etc			<u>, , , , , , , , , , , , , , , , , , , </u>	59-3074302 5. Certificate of Status Desired		\$8.75 A	
City & State  23 C		locion 28	State State	ان ہو ا Cou	[] intry	ORIDA	Election Campaign Financing     Trust Fund Contribution     This corporation owes or has	Daid the c	\$5.00 Added t	o Fees
24 337	9. Name and Addre	29 2 ss of Current Registe	33762 ired Agent	30			Personal Property Tax due Ju 10. Name and Address of New I	ne 30.	Yes [	] No
NEWSOME, M.ROY 2325 ULMERTON ROAD SUITE 21					81	Name Street Add	fress (P.O. Box Number is Not Accept	able)		
	EARWATER FL 34622				B3 B4	City		FI	<b>85</b> Zip (	
11. Pursuant to office or reagent. Lar	to the provisions of Sect egistered agent, or both m familiar with, and acc	ions 607.0502 and 60 i, in the State of Florida ept the obligations of	7.1508, Florida Statut - Such change was a Section 607.0505, Fi	tes, the al authorize orida Stat	bove d by tutes	-named cor the corpora	poration submits this statement for thation's board of directors. I hereby acc	purpose cept the ap	of changing it pointment as	s registered registered
SIGNATURE	Stgnature Typed or printed name	of registered agent and title if	npplicable (NO)	£ Rugistere	d Age	ıt signature requ	uired when reinstaling)	DATE		
12.		FEICERS AND DIRECT		13.			ADDITIONS/CHANGES TO OF	ICERS AN		
NAME STREET ADDRESS	DP NEWSOME M. RO 2325 ULMERTON		☐ DELETE	1.1 TI 1.2 N/ 1.3 SI	AME	adoress			Change	☐ Addition
CITY-ST-ZIP	CLEARWATER FL S		DELETE	1.4 CI 2.1 TI	ITLE	i - ZIP			Change	Addition
NAME STREET ADDRESS	NEWSOME, NANCY R. 2325 ULMERTON ROAD, SUITE 21				2.2 NAME 2.3 STREET ADDRESS					
CITY-ST-ZIP	CLEARWATER FL			2.40	OTY-S	T-ZIP				
TITLE			☐ DELETE	3.1 10	ITLE				☐ Change	Addition
NAME				3.2 N						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			DELFT!	_	OTY-S	1-ZIP			Change	Addition
TITLE			D OUTTE	4.1 TI 4. 2 N						FT LOCKOL
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP					ITY-SI					
TITLE			DECETE	5.1 TI					Change	Addition

CITY-S1-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.

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELFTE

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

Addition

Change

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: Janon & Sawoome, Szcretary 4-1-9-8 (813)572-0065