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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 06 1996 8:00 am  
Secretary of State

DOCUMENT # S71337 (7)

1. Corporation Name

THE JOINT VENTURE GROUP, INC.



Principal Place of Business

4609 B-3 N.W. 6TH ST.  
GAINESVILLE FL 32609

Mailing Address

4609 B-3 N.W. 6TH ST.  
GAINESVILLE FL 32609

3. Date Incorporated or Qualified

08/05/1991

3a. Date of Last Report

05/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3127946

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BIRENBAUM, DAVID J.  
10500 S W 128TH TERR  
MIAMI FL 33176

81 Name

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

83

84 City

FL

85 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

Signature typed or printed name of registered agent and then applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME  
CHESHIRE, LARRY  
STREET ADDRESS  
4609 B-3 NW 6TH ST.  
CITY-STATE-ZIP  
GAINESVILLE FL

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME  
BIRENBAUM, DAVID  
STREET ADDRESS  
9200 S. DADELAND BLVD, SUITE 517  
CITY-STATE-ZIP  
MIAMI FL

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP  
9200 S. DADELAND BLVD, SUITE 425  
MIAMI, FL 33156

TITLE ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME  
BIRENBAUM, SHERYL  
STREET ADDRESS  
9200 S. DADELAND BLVD, SUITE 517  
CITY-STATE-ZIP  
MIAMI FL

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP  
9200 S. DADELAND BLVD, SUITE 425  
MIAMI, FL 33156

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE:

*Larry H. Cheshire*

LARRY H. CHESHIRE

2-16-96 352-375-2121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)