

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S78998** (9)

1. Corporation Name

VENTURE RESOURCES, INC.



Principal Place of Business

Mailing Address

2650 N. MILITARY TRAIL
SUITE 230A
BOCA RATON FL 33431
US

6479 VIA ROSA
SUITE 2-181
BOCA RATON FL 33431
US

3. Date Incorporated or Qualified

09/10/1991

3a. Date of Last Report

04/11/1995

2. Principal Place of Business

2a. Mailing Address

21 **6479 VIA ROSA**
Suite, Apt. #, etc.
22 **BOCA RATON FL**
City & State

26
Suite, Apt. #, etc.
27
City & State

23
Zip **33433** Country **FL**
24
Zip **33433** Country **FL**

28
City & State
29
Zip **33433** Country **FL**

4. FEI Number

65-0301667

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 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

BURTON ENGEL
6479 VIA ROSA
BOCA RATON FL 33433

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 state if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **BURTON ENGEL**
STREET ADDRESS **6479 VIA ROSA**
CITY-STATE-ZIP **BOCA RATON FL**

1.1 TITLE **SPD** ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE **STD** ☒ DELETE
NAME **ENGEL, MARA**
STREET ADDRESS **210 THOMPSON ST**
CITY-STATE-ZIP **NEW YORK NY**

2.1 TITLE **TJ** ☒ Change ☐ Addition
2.2 NAME **MARA ENGEL**
2.3 STREET ADDRESS **145 4TH AVE**
2.4 CITY-STATE-ZIP **NEW YORK NY 10003**

TITLE **ADAM** ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

3.1 TITLE **ADAM ENGEL** ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS **361 E 10TH ST**
3.4 CITY-STATE-ZIP **NEW YORK NY 10009**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)