## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

Change

Change

561-7506027

Addition

\_\_\_ Addition

| 98 |
|----|
|    |

(9)

DELETE

DELETE

Mailing Address

**VENTURE RESOURCES, INC.** 

Principal Place of Business

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

SIGNATURE:

CITY-ST-2IP

NAME

TITLE

NAME

| 8479 VIA ROS<br>BOÇA RATON<br>US |  | 6478 VIA ROSA<br>SUITE 2-181<br>BOCA RATON FL 334<br>US  | 33-6420  | 3. Date Incorporated or Qualified 09/10/1991                                      | 3a. Date of Last F<br>03/12/1996 | Report                      |
|----------------------------------|--|--|--|---|----------------------------------|-----------------------------|
| 2. Principal F                   | Place of Business  | 2a. Mailing Address                                      |  | 4. FEI Number   |                                  | oplied For                  |
|                                  |  |  | The Class and  | 65-0301667  | <del></del>                      | ot Applicable               |
| Suite, Apt.                      | FOLF ALBUN CLOB MA<br>4. OLO. RATION 7L.   | Suite, Apt. #, etc.                                      | 100 76.  | 5. Certificate of Status Desired  | ┌ \$8.75                         | Additional<br>equired       |
| City & Stat                      | 93   | City & State   |  | Election Campaign Financing     Trust Fund Contribution                           |                                  | May Be<br>to Fees           |
| Zip                              | Country  | Zip  | Country  | 8. This corporation has liability for in  | ntangible tax under s            | . 199.032                   |
| 24                               | 25   | 29   | 30   |   | Yes 🔲 No                         |                             |
|                                  | g, Name and Address of Curren  | t Registered Agent                                       |  | 10. Name and Address of New Reg   | distered Agent                   |                             |
| 647                              | RTON ENGEL<br>8 VIA ROSA<br>CA RATON FL 33433                                      |  | 82 Street Addr<br>83 Bel<br>84 City                  | ess (P.O. Box Nugroer is Not Acceptable)  | cb UT                            | Code                        |
| office or r                      | registered agent, or both, in the State<br>im familiar with, and accept the obligi | of Florida. Such change w<br>ations of, Section 607.0505 | as authorized by the corporat<br>, Florida Statutes. | oration submits this statement for the prion's board of directors. I hereby accep | t the appointment as             | ts registered<br>registered |
| 10                               | Signature, typod or printed name of registered ago                                 |  | (NOTE: Registered Agent signature requir             |   | DATE                             |                             |
| 12.                              | OFFICERS AN  | DELETE   | 13.  | ADDITIONS/CHANGES TO OFFIC  | EHS AND DIRECTOR Change          | Addition                    |
| TITLE                            | SPD  | F"] DETELE   | 1 4  | MO  | 71 Change                        | L_J AUGIIION                |
| NAME                             | BURTON ENGEL   |  | 1.2 NAME   | unian enger   | . A INST                         |                             |
| STREET ADDRESS                   | 6479 VIA ROSA  |  | 1.3 STREET ADDRESS                                   | THOIF ARBOR CO  | 09 0001                          |                             |
| CITY-ST-ZIP                      | BOCA RATON FL  |  | 1.4 CITY-S1-ZIP                                      | enter Engel<br>14018 ARBOR CC<br>CCA RATEN FC                                     | ريبود .                          |                             |
| TITLE                            | TO   | DELETE   | 2.1 TITLE  | • • • • •   | [_] Change                       | Addition                    |
| NAME                             | ENGEL, MARA  |  | 2.2 NAME   |   |                                  | ,                           |
| STREET ADDRESS                   | 145 4TH AVE  |  | 2.3 STREET ADDRESS                                   |   |                                  |                             |
| CITY-ST-ZIP                      | NEW YORK NY  |  | 2 4 CITY - ST - ZIP                                  |   |                                  |                             |
| TITLE                            | SD   | ☐ DELETE   | 3.1 T(TLE  |   | Change                           | Addition                    |
| NAME                             | ENGEL, ADAM  |  | 3 2 NAME   |   |                                  |                             |
| STREET ADDRESS                   | 361 E 10TH ST  |  | 3.3 STREET ADDRESS                                   |   |                                  |                             |
| CATY-ST-ZIP                      | NEW YORK NY  |  | 3.4. CITY - ST - 2IP                                 |   |                                  | I                           |
| TITLE                            | <del></del>  | DELETE   | 4.1 TITLE  |   | ☐ Change                         | Addition                    |
| NAME                             |  |  | 4. 2 NAME  |   | -                                |                             |
|                                  |  |  | 1  |   |                                  | 1                           |

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5 3 STREET ADDRESS

6.3 STREET ADDRESS 6,4 CITY - ST - ZIP

I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this a your report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of hig 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 Blook 3 if changed, or on an attachment with an address.

5.4 CITY - ST - ZIP