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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$78998

(9)

VENTURE RESOURCES, INC.

FILED Jan 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						110010	#8 Ett 19801 18110 1	18119   0191   1811		B101  0101  0101	1 81811 1881
574018 ARBOR CLUB WAY 574018 ARBOR CLUB WAY											
BOCA RATON FL 33433		BOCA RATON FL 33433				DO NOT WRITE IN THIS SPACE					
US		U\$				3. Date Incorporated or Qualified					
				09/10/1991							
2. Principal Place of Business 2a. Mailing Address					- 1	4. FEI Nun				- A	oplied For
21 F 7J		26 F 15 E CIM	1140	KEAL	<b>^</b> .	65-0	301667			<del>- + -</del>	ot Applicable
Suite, Apt. #_etc. Suite, Apt. #, etc.								· · · · · · · · · · · · · · · · · · ·		<del></del>	Additional
22 // 27 // 27						5. Certifica	ate of Status D	Jesirea	ш	Fee R	equired
City & State City & State						6. Election	Campaign Fi	inancing		\$5.00	May Be
23 Boch	1 KAlow	28 DUCA KAT	20			Trust Fu	ınd Contributio	on			to Fees
Zip	25 742 m	Zip.	Count		1	B. This cor	poration owes	s or has paid			
24 <b>フン</b> ゲラ	25 142 17)	29 77 77	30 /4	LM			l Property Tax				.J No
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent											
BURTON ENGEL  81   N						1000	EN	95 (	-		
574018 ARBOR CLUB WAY 82					Address		Number is No	t Acceptable	e)		
BOCA RATON FL 33433						- 01	MINO	RE	<u> 1 C</u>	MIL	
			8	3							
			8	4 (28ty						85 Zip	Code
	<u> </u>				CA	KA	1000		FL		202
11. Pursuant t	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida <b>Statute</b> : L'Etorida, Such change was au	s, the abo	ve-named	corporation's	ion submit	s this stateme directors. The	ent for the purely accept	rpose o	of changing it	ts registered registered
agent. I a	m familiar with, and accept the obligat	ons of, Section 607.0505, Flor	ida Statul	es.	poration	DOLL O OF	un botors. 1 110	rooj dooopi	u o op	powiemoni do	109,515,54
SIGNATURE Signature, typod or printed name of rugistered again and title if applicable (NOTE, Registered Agent signature required when reinstating)  DATE											
	gent signature	e required wh		NS/CHANGES	TO OFFICE	DATE DC AN	D DIDEOTOR	20 161 10			
12.	OFFICERS AND	DELETE	13.	<del></del> -	Pm	ADDITIO	NS/CHANGES	S TO OFFICE	ERS AIN	Change	Addition
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CITY-ST-ZIP	BOCA RATON FL	DELETE	_	- ST - ZIP -	1200	2	K414-	<del>/ /</del>	<u> </u>	Change	Addition
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NAME	ENGEL, MARA		2.2 NAM								
STREET ADDRESS	145 4TH AVE			ET ADDRESS							
CITY-ST-ZIP	NEW YORK NY SD DELETE			2 4 GITY-ST-ZIP 3.1 TITLE					,	Change	Addition
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NAME	ENGEL, ADAM		3.2 NAM								
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NAME				-	1						
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NAME											
STREET ADDRESS				et address							
CITY-ST-ZIP		DELE <b>TE</b>	5.4 CITY 6.1 TITLE		<del> </del>		<del> </del>	<del>.</del>		Change	Addition
TITLE		- Detect									
NAME			6.2 NAM								
STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP	artify that the information available with	this filing does not qualify for	6.4 CITY		d in Sect	tion 110 n	7/9)/i) Florida	Statutes 1 6	irther o	ertify that the	information
14. Thereby 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											
officer or o	director of the corporation or the receiver Block 13 if changed, or on an attach	er or trustee empowered to ex	xecute thi	s report as	required	i by Chapt	er 607, Florida	a Statutes; a	nd that	my name ap	pears in
DIOCK 12 C	2. Bibbit 10 ii opaligot, or on an allabi									56/	