

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.  
AMOUNT DUE ON OR BEFORE 8/8/95: \$228 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 JUL 28 PM 4:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S86895

(7)

1. Corporation Name

VENTURE II, INC.

000001550630  
-08/01/95--01067--002  
\*\*\*\*200.00 \*\*\*\*200.00

Principal Place of Business

Mailing Address

407 BOWENSET LN  
PALM HARBOR FL 34684

407 BOWENSET LN  
PALM HARBOR FL 34684

2467 ENTERPRISE RD Suite E  
CLEARWATER FL 34623

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/11/1991

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

593085203

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 intergovernmental tax under a Florida Statute.  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUERGAWI, NADIA  
2467 ENTERPRISES RD.  
SUITE E  
CLEARWATER FL 34623

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 of Registered Agent, if Registered Agent, and the Corporation, if the Corporation is the Registered Agent, shall be printed here.)

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

PST  
GUERGAWI, NADIA  
2467 ENTERPRISE RD., SUITE E  
CLEARWATER FL

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY, ST, ZIP

PRESIDENT  
KEVIN GUERGAWI  
2467 ENTERPRISE RD Suite E  
CLEARWATER FL 34623

11 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

11 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY, ST, ZIP

TRAVELER  
NADIA GUERGAWI  
2467 ENTERPRISE RD Suite E  
CLEARWATER FL 34623

11 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

11 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY, ST, ZIP

☐ Change ☐ Addition

11 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

11 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY, ST, ZIP

☐ Change ☐ Addition

11 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

11 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY, ST, ZIP

☐ Change ☐ Addition

11 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

11 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY, ST, ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption indicated in Sections 110 (07.308), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that the signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered agent authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

7/14/95

813-791-0184