

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # S94307

(3)

1. Corporation Name

VENTURE ADVISORS, INC.

Principal Place of Business

7100 FAIRWAY DRIVE
#36
PALM BEACH GARDENS FL 33418

Mailing Address

7100 FAIRWAY DRIVE
#36
PALM BEACH GARDENS FL 33418

APPROVED
AND
FILED

95 MAR 21 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
11/15/1991

3a. Date of Last Report
03/02/1994

4. FEI Number
65-0301114

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

2. Principal Place of Business

21 4521 PGA Blvd

Suite, Apt. #, etc.

22 #330

City & State

23 Palm Beach Gardens FL

24 Zip 33418

25 Country USA

2a. Mailing Address

26 4521 PGA Blvd

Suite, Apt. #, etc.

27 #330

City & State

28 Palm Beach Gardens FL

29 Zip 33418

30 Country USA

9. Name and Address of Current Registered Agent

TESSLER, DANIEL
7100 FAIRWAY DRIVE, #36
PALM BEACH FL 33418

10. Name and Address of New Registered Agent

81 Name

Daniel Tessler

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

4521 PGA Blvd #330

83

84

City Palm Beach Gardens

FL

85

Zip Code 33418

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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME TESSLER, DANIEL
STREET ADDRESS 7100 FAIRWAY DRIVE #36
CITY-ST-ZIP PALM BEACH GDS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

4521 PGA Blvd #330

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Daniel Tessler DANIEL TESSLER

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

3/10/95

Date

407625 0165

Mythen Phone #