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**

DOCUMENT # V33535

(8)

VENICE VARIETY, INC. Principal Place of Business Mailing Address 1051 CITRUS ROAD 1051 CITRUS ROAD VENICE FL 34293-6310						
					3. Date Incorporated or Qualified 04/28/1992	3a. Date of Last Report 04/22/1996
21	lace of Business	28. Mailing Address 26			4. FEI Number 65-0337512	Applied For Not Applicable
Suite, Apt 22		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23		City & State	В		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25		Counti 30	ry		Yes No
	9. Name and Address of Cu	rrent Registered Agent		.1 .,	10. Name and Address of New Reg	gistered Agent
TOWERY, JERREL E.				81 Name		
333 S. Tamiami Trail Suite 291			8:	2 Street Add	ress (P.O. Box Number is Not Acceptable)	
	ICE FL		8:	3		
			84	4 City	,	85 Zip Code
	12 1 - 007			1 1	orporation submits this statement for the partion's board of directors. I hereby accep	FL T
SIGNATURE 12. TITLE NAME	Signature typed or printed name of registers OFFICERS D HAMILTON, JOHN A.	o agent and title if applicable. (NOTE AND DIRECTORS DELETE	: Flogistered A 13. 1.1 TITLE 1.2 NAME		wired when reinstailing) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS IN 12 Change Addition
STREET ADDRESS	1051 CITRUS ROAD VENICE FL		1.3 STREI	ET ADORESS - ST-ZIP		
TITLE NAME	D Hamilton, Sandra A.	☐ DELETE	2 1 TITLE 2 2 NAME			Change Addition
STREET ADDRESS	1051 CITRUS ROAD			ET ADDRESS		
CHY-SI-ZIF	VENICE FL	DELETE	2 4 CHTY 3 1 THYLE			Change Addition
NAME STREET ADDRESS CITY-ST-7 F			3.2 NAME 3.3 STREE 3.4. CITY	ET ADDRESS		
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME STREET ADDRESS			4, 2 NAM 4,3 STRE	ET ADDRESS		
CITY-ST-ZIP		T profess	4.4 CITY			
NAME :		☐ DELETE	5.1 TITLE 5.2 NAMI			Change Addition
STREET ADDRESS				ET ADDRESS		•
CITY-ST ZIP TITLE NAME		☐ DELETE	5.4 CITY- 6.1 TITLE 6.2 NAMI	E F		☐ Change ☐ Addition
STREET ADDRESS OHY-ST-ZIP			6.3 STRE 6.4 City	EFT ADDRESS -ST-ZIP		
14. I do hare information I am an d appears	by certify that the information sup on indicated on this annual report officer or cirector of the corporation in Block 12 or Block 13 if change	oplied with this filing does not qualify tor supply nental annual report is tr on or the disceiver or trustee empowed, or on an alladiment with an add	y for the exue and accept to execute	xemption state curate and the ecute this rep	ted in Section 119.07(3)(i), Florida Statute nat my signature shall have the same lega port as required by Chapter 607, Florida S	s. I further certify that the il effect as if made under oath; the statutes; and that my name

SIGNATURE:

FILED

Mar 10 1997 8:00am

Secretary of State