Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90071 030 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V50775

1. Corporation Name

VENTURE INVESTMENTS, INC.

Principal Place	e of Business	Mailing Address			- I tabit desung uten delit sone (påp) ene	eleti eleti eleli eleti el	# 11 # # 11 # # 1
		16499 N.E. 19TH AVENUE	N.E. 19TH AVENUE		1		
SUITE 212 SUITE 212		14.00		DO NOT WRITE IN	THIS SPACE		
NORTH MIAMI BEACH FL 33162 NORTH MIAMI BEACH FL 3		162		3. Date Incorporated or Qualifed	,,,,o or Mor		
					07/13/1992		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	App	lied For
21		26			65-0350628	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	* \$8.75 A	
22	The second secon	27	<u>, , , , , , , , , , , , , , , , , , , </u>		3. Certificate of Status Desired	Fee Rec	
City & State	e	City & State			6. Election Campaign Financing	\$5.00 1	•
23		28	Country		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	,	This corporation owes the current ye Personal Property Tax.		X≀No
24	9. Name and Address of Current		10		10. Name and Address of New Regist		
	a. Italiie aliu Audiesa di Cultelli	Lahisteren uhent	81	Name			
FRIE	DMAN MICHAEL DEAN		-	Otto at A data	(D.O. Boy Aligebor in Not Accontable)		
1401 BRICKELL AVENUE 530			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
MIAN	WI FL 33131		83				
			84	City		85 Zip C	ode
			j			FL	
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State or familiar with, and accept the obligation.	f Florida, Such change was auf	horized by	the corporation	oration submits this statement for the purpoon's board of directors. I hereby accept the	se of changing its i appointment as reg	registered istered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Age	nt signature require	d when reinstating) DA	TE - 1 = 1	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	DST	☐ DELETE	1,1 TITLE		•	☐ Change	☐ Addition
NAME	SHILLER, STEPHEN		1,2 NAME	ļ			
STREET ADDRESS	16499 NE 19 AVE., #212		1.3 STREE	TADDRESS			
CITY-ST-ZIP	NORTH MIAMI BEACH FL		1,4 CITY- S	ST-ZIP			F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE	DP	☐ DELETE	2.1 TITLE			Change	Addition
NAME	SHILLER, DAVID		2.2 NAME		•		
STREET ADDRESS	16499 NE 19 AVE., #212		2.3 STREE	TADDRESS			
CITY-ST-ZIP	- NORTH MIAMI-BEACH-FL						
TITLE	V			ST-ZIP ,	and the second s	□ Change	- Addition
NAME	110507 0000	DELETE	3,1 TITLE	ST-ZIP ,	ay digi Sir can pulliforme, in an aproximisary . In the first constitution of the cons	Change	Addition
STREET ADDRESS	MOROZ, BORIS	DELETE	3.1 TITLE 3.2 NAME		u digitat and parameters and an analysis and a	☐ Change	Addition
·	2030 S OCEAN DRIVE #1709	DELETE	3.1 TITLE 3.2 NAME 3.3 STREE	T ADDRESS		☐ Change	Addition
CITY-ST-ZIP	l		3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY-	T ADDRESS		· . — · ·	
CITY-ST-ZIP	2030 S OCEAN DRIVE #1709	□ DELETE	3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY- 4.1 TITLE	T ADDRESS ST-ZIP		☐ Change	Addition
CITY-ST-ZIP TITLE NAME	2030 S OCEAN DRIVE #1709		3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4. 2 NAME	TADDRESS ST-ZIP		· . — · ·	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	2030 S OCEAN DRIVE #1709		3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE	T ADDRESS ST-ZIP	u dy tr en primine, su regeneracy . In unit is the employment	· . — · ·	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	2030 S OCEAN DRIVE #1709	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S	T ADDRESS ST-ZIP	eg dig for om politication, in an open money or in an in an indication of the contraction	· . — · ·	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	2030 S OCEAN DRIVE #1709		3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE	T ADDRESS ST-ZIP	ay dig is an palabana, and an anagamanan and an an an anagamanan an	Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	2030 S OCEAN DRIVE #1709	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-1 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-1 5.1 TITLE 5.2 NAME	T ADDRESS ST-ZIP	u dg ir ra gallania, na ng panamaga . A an a na ang panamaga .	Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	2030 S OCEAN DRIVE #1709	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-1 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-1 5.1 TITLE 5.2 NAME	ST ADDRESS ST-ZIP ST ADDRESS ST-ZIP ST ADDRESS		Change	Addition

14. I hereby 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

REOBORISD MOROZ