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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996

Corporation	MENT # V607 NNA VENTURES CORPO	(-)				
Cincipal Place of Business 106 81ST STREET HOLMES BEACH FL 34217		Mailing Address 106 81ST STREET HOLMES BEACH FL 34217		A 1891, OHERE SAM ONN 1800) SIIII SEN SYSK DISH BIBII EIEN OUN SYSK 1801		
				3. Date Incorporated or Qualified 08/31/1992	3a. Date of Last Report 03/20/1995	
Principal Pla	ace of Business	2a. Mailing Address 26		4. FEI Number 65-0366539	Applied Fo	
Suite, Apt. #	#, etc:	Suite, Apt. #, etc.		5. Certificate of Status Desired	Not Applic \$8.75 Addition	
City & State	:	City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be	
Zψ	Country 25	Ζφ 29	Country 30	Trust Fund Contribution 8. This corporation has liability for Florida Statutes	intangible tax under s 199.032,	
	9. Name and Address of Cur			10. Name and Address of New F		
Doris A. Bunnell P.A. 406-B 13TH Street West Bradenton Fl 34205			81 Name 82 Street Add	iress (P.O. Box Number is Not Acceptat	ole)	
			84 City		FL 85 Zip Code	
-familiär with NATURE	h, and accept the obligations of, Si	ection 607.0506, Florida Statute	ites, the above-named corpo ized by the corporation's boa es.	ration submits this statement for the purified of directors. I hereby accept the app	rpose of changing its registered ointment as registered agent. I a	office m
-familiär with NATURE	h, and accept the obligations of, Si surer number of remarkations of registered a OFFICERS /	ection 607.0506, Florida Statute	utes, the above-named corpo- ized by the corporation's boals. Soft: Registered Agent signature require 13. 1 1 1 1 1 1 1 1 1 1	ird of directors. I hereby accept the app	Ointment as registered agent. I a DATE ICERS AND DIRECTORS IN 12	•m
familiär with NATURE	h, and accept the obligations of, Si synthe, by discrimination by registered a	ection 607.0506, Florida Statute graf and the Paysteats @ AND DIRECTORS	vCife. Registered Agent signature require 13. 1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS	and or orectors. I hereby accept the app	Ointment as registered agent. La	•m
familiär with	h, and accept the obligations of, Si Surar no blad or protection of registred a OFFICERS / P MCKENNA, SYDNEY 106 81ST ST.	ection 607.0506, Florida Statute graf and the Paysteats @ AND DIRECTORS	13. 1 1 TITLE 12 NAME 13 STREET ADDR:SS 14 CITY-ST-ZIP 2 1 TITLE	and or orectors. I hereby accept the app	Ointment as registered agent. I a DATE ICERS AND DIRECTORS IN 12	im tion
FADDRESS LADDRESS LADDRESS	h, and accept the obligations of, Si Surar no blad or protection of registred a OFFICERS / P MCKENNA, SYDNEY 106 81ST ST.	ection 607,0506, Florida Statuts gent and the Paydicates grade AND DIRECTORS DELETE	VOTE Registered Agent signature require 13. 1 1 TITLE 1 2 NAME 1 3 STREET ADDR: SS 1 4 CHY-ST-2IP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS	and or orectors. I hereby accept the app	DATE CERS AND DIRECTORS IN 12 Change Addit	tion
FADDRESS ST-ZP TADDRESS ST-ZP	h, and accept the obligations of, Si Surar no blad or protection of registred a OFFICERS / P MCKENNA, SYDNEY 106 81ST ST.	ection 607,0506, Florida Statuts gent and the Paydicates grade AND DIRECTORS DELETE	13. 1 1 TITLE 12 NAME 1 3 STREET ADDRESS 14 CITY ST - ZIP 2 1 TITLE 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP 3 1 TITLE 3 2 NAME	and or orectors. I hereby accept the app	DATE CERS AND DIRECTORS IN 12 Change Addit	tion
LADDRESS ST. ZIP LADDRESS ST. ZIP LADDRESS ST. ZIP	h, and accept the obligations of, Si Surar no blad or protection of registred a OFFICERS / P MCKENNA, SYDNEY 106 81ST ST.	ection 607,0506, Florida Statute gent and the Payakeatan (PAND) DIRECTORS DELETE	13. 1 1 TITLE 1 2 NAME 1 3 STREET ADDR:SS 1 4 CITY - ST - ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP 3 1 TITLE	and or orectors. I hereby accept the app	DATE ICERS AND DIRECTORS IN 12 Change Addit	tion
LADDRESS ST-ZIP LADDRESS LADDRESS LADDRESS LADDRESS LADDRESS LADDRESS LADDRESS	h, and accept the obligations of, Si Surar no blad or protection of registred a OFFICERS / P MCKENNA, SYDNEY 106 81ST ST.	ection 607,0506, Florida Statute gent and the Payabeatan (PAND DIRECTORS) DELETE DELETE	28. 29. 29. 20. 20. 20. 20. 20. 20. 20. 20. 20. 20	and or orectors. I hereby accept the app	DATE ICERS AND DIRECTORS IN 12 Change Addit Change Addit	tion
TADDRESS ST-ZP TADDRESS ST-ZP TADDRESS ST-ZP TADDRESS ST-ZP TADDRESS ST-ZP	h, and accept the obligations of, Si Surar no blad or protection of registred a OFFICERS / P MCKENNA, SYDNEY 106 81ST ST.	ection 607,0506, Florida Statute gent and the Payabeatan (PAND DIRECTORS) DELETE DELETE	28. 39 THE COLPANIATION S DOG 28. 28. 29. 20. 20. 20. 20. 20. 20. 20. 20. 20. 20	and or orectors. I hereby accept the app	DATE ICERS AND DIRECTORS IN 12 Change Addit Change Addit	tion
TADDRESS	h, and accept the obligations of, Si Surar no blad or protection of registred a OFFICERS / P MCKENNA, SYDNEY 106 81ST ST.	OCTION 607.0506, Florida Statute Juni and the Fajglicate AND DIRECTORS DELETE DELETE DELETE DELETE	13. 1 1 Title 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4. 1 TITLE 42 NAME 43 STREET ADDRESS 34 CITY-ST-ZIP 5 1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 5 1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	and or orectors. I hereby accept the app	DATE DATE ICERS AND DIRECTORS IN 12 Change Addit Change Addit Change Addit Change Addit	tion
familiär with	h, and accept the obligations of, Si Surar no blad or protection of registred a OFFICERS / P MCKENNA, SYDNEY 106 81ST ST.	oction 607,0506, Florida Statute gent and the it applicates AND DIRECTORS DELETE DELETE	13. 1 1 Title 12 NAME 13 STREET ADDRESS 14 CITY ST- ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST- ZIP 3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST- ZIP 4.1 TITLE 42 NAME 43 STREET ADDRESS 34 CITY ST- ZIP 5 1 TITLE 52 NAME 53 STREET ADDRESS 53 STREET ADDRESS 54 CITY ST- ZIP 5 1 TITLE 52 NAME 53 STREET ADDRESS	and or orectors. I hereby accept the app	DATE ICERS AND DIRECTORS IN 12 Change Addit Change Addit	tion ion

SIGNATURE: Sum Wille and Typed on PRINTED NAME OF SIGNING OFFICER OR DIRECTOR WILL KENNA Feb 1, 96 778-3577