

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

**FILED**  
**Jun 11 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V07859 (4)**  
 1. Corporation Name  
**522 VENTURE OUT, INC.**



Principal Place of Business <b>522 VENTURE OUT                  SUMMERLAND KEY FL 33042                  US</b>	Mailing Address <b>21 OVERLOOK DR                  SOUTHAMPTON NY 11968-3206                  US</b>
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3. Date Incorporated or Qualified <b>01/21/1992</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0307713</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21 522 VENTURE OUT</b> Suite, Apt. #, etc. <b>22 701 SPANISH MAIN DRIVE</b> City & State <b>23 CUDJORA KEY, FL.</b> Zip <b>24 33042</b>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29 USA</b> Country <b>30</b>
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9. Name and Address of Current Registered Agent  
**VURAL, EROL M. P.A.  
 BARNETT BANK BLDG., SECOND FLOOR  
 MILE MARKER 25, US HIGHWAY 1  
 SUMMERLAND KEY FL 33042**

10. Name and Address of New Registered Agent  
**81 Name** DON WHITEHEAD, LOT 562  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
701 SPANISH MAIN DRIVE  
**83**  
SPANISH MAIN DRIVE  
**84 City** CUDJORA KEY **85 Zip Code** FL 33042

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] (NOTE: Registered Agent signature required when terminating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PVD</b>	<input type="checkbox"/> DELETE
NAME	<b>WHITEHEAD, DONALD E.</b>	
STREET ADDRESS	<b>21 OVERLOOK DR.</b>	
CITY-ST-ZIP	<b>SOUTHAMPTON NY</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>WHITEHEAD, DONALD E.</b>	
STREET ADDRESS	<b>21 OVERLOOK DR.</b>	
CITY-ST-ZIP	<b>SOUTHAMPTON NY</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: [Signature] 6/11/97 50-283-2120

CR2E034 (9/96)