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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

**522 VENTURE OUT, INC.** 

**FILED** Apr 08 1998 8:00am Secretary of State



	,								
Principal Plac	e of Business	Mailing Address			3 10011 021013 00FH 10601 (B10) 03110 1	.001 U)	ATTIL ATTI		
522 VENTURE OUT 701 SPANISH MAIN DR CUDGOE KEY FL 33042 US		21 OVERLOOK DR SOUTHAMPTON NY 11968 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
					01/21/1992				
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Apr	plied For	
21		26 PO BOX 1737			65-0307713		Not	t Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$		dditional	
City & State		27					Fee Rec	<u> </u>	
23		28 Say Harba	NY		6. Election Campaign Financing Trust Fund Contribution		\$5.00 i Added to		
Zip	Country		Country		8. This corporation owes or has paid the current year Intangible				
24	25 29 / 965 30 /			Personal Property Tax due June 30. Yes No  10, Name and Address of New Registered Agent					
LAM		it registered Agent	81 Nam	81 Name					
WHTIEHEAD, DON 701 SPANISH MAIN DR									
LOT 562			82 Stree	et Address	s (P.O. Box Number is Not Accepta	able)			
CUDJOE KEY FL 33042			83						
			84 City			FL (85	5 Zip C	≻ode	
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 register 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 register							registered registered		
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE	Signature, typed or printed name of registured age	nt and title if applicable (NOTE Regi	istered Agent signal	ture required w	when reinstating)	DATE		<del></del>	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIF	ECTOR	S IN 12	
TITLE	PVO	☐ DELETE	1.1 TITLE			_	Change	Addition	
NAME	WHITEHEAD, DONALD E.		1.2 NAME	1 0	- no man Alle	¥			
STREET ADDRESS	21 OVERLOOK DR.		1.3 STREET ADDRES		2 BOX 1737 NA	1012			
CITY-ST-ZIP	SOUTHAMPTON NY	· · · · · · · · · · · · · · · · · · ·	1.4 CITY-ST-ZIP	$\perp \mathcal{S}_{\ell}$	g Harbor, NY 1	1965		1111111	
TITLE	ST Whitehead, Donald E.		2.1 TITLE		$\sigma$	, KA	Change	Addition	
NAME	21 OVERLOOK DR.		22 NAME	00	2 RA/ 1727 NIF	<del>ነ</del>			
STREET ADDRESS	SOUTHAMPTON NY	1	2.3 STREET ADDRES	روم ا	BOX 1737 NF Q Harbor, NY	11012			
CITY-ST-ZIP TITLE	000110011110101111		2. 4 CITY - ST - ZIP 3.1 TITLE	- 30	G MOIDON, 104		Change	Addition	
NAME		_	3.2 NAME				Onlinge	C. Footilos	
STREET ADDRESS			3.3 STREET ADDRES	25					
CITY-ST-ZIP		The state of the s	3.4. CITY - ST - ZIP	~					
TITLE			4.1 TITLE				Change	Addition	
NAME			4. 2 NAME						
STREET ADDRESS		<b>1</b>	4.3 STREET ADDRES	ss					
CITY-ST-ZIP			4.4 CITY-ST-ZIP	_					
TITLE		☐ DELETE	5.1 TITLE				Change	Addition	
NAME	] <i>*</i>	1	5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRES	ss					
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE			6.1 TITLE			U	Change	Addition	
NAME		1	6.2 NAME					j	
STREET ADDRESS			6.3 STREET ADDRES	ss					
CITY - ST - ZIP	1		64 CITY-ST-ZIP						

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 changes for on an attachment with an address.

SIGNATURE:

516-725-2100