## 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 # **P97000034823**

VALENTI FLORIDA MANAGEMENT, INC.

Principal Place of Business	Mailing Address
3450 BUSCHWOOD PARK DR	3450 BUSCHWOOD PA SUITE 195
TAMPA FL 33618	TAMPA FL 33618

## **FILED** Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90116 017 \*\*\*150.00

Principal Place of Business Mailing Address				( 1001)2001 SIO 10111 (0011 00111 96111 96111 96111	#( {#(;# ))	1888 IIII 1881		
3450 BUSCHWO	OOD PARK OR	3450 BUSCHWOOD PARK DR						
SUITE 195	ALIC DI	SUITE 195				_		
TAMPA FL 33618 TAMPA FL 33618			DO NOT WRITE IN THIS SPACE					
					3. Date Incorporated or Qualifed			
		1			04/17/1997	1		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	<del></del>	lied For	
21		26			59-3442362		Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				ee Red	dditional	
22	<del></del> ,	City & State					<del></del>	
City & State		— ·				dded to	May Be	
Zip	Country		Country	,	This corporation owes the current year Intangible			
<del></del>	25	29 30			Personal Property Tax.			
24	9. Name and Address of Curren		<del>'1</del> -		10. Name and Address of New Registered Agent			
<del>-</del>	o. Hamo and Addition of Carron		81	Name				
NESI	BITT, STEVEN M			0	(D.O. Daw Market in New Assessable)			
	BUSCHWOOD PARK DR		82	Street Add	ress (P.O. Box Number is Not Acceptable)			
	E 195		83					
	PA FL 33618		<u> </u>					
	, ,		84	City	FL  85	Zip C	000	
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					pd when reinstation) DATE			
	Signature, typed or printed name of registered ager	D DIRECTORS	gistered Age	ur sigustrius technu	ad when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIR	FCTOF	RS IN 12	
TILE		D DIRECTORS DELETE	1.1 TITLE	···		nange	Addition	
	D DARRELL I	<u></u>	1.2 NAME					
NAME	VALENTI, DARRELL J	CLUTE 106		TADORESS				
STREET ADDRESS	3450 BUSCHWOOD PARK DR	SUITE 195	1.4 CITY-S					
CITY-ST-ZIP	TAMPA FL 33618	☐ DELETE	2.1 TITLE	91-2IF		hange	Addition	
TITLE	·	D #242.12	22 NAME					
NAME				TADORESS				
STREET ADDRESS			2.4 CITY-	• **-				
CITY-ST-ZIP		☐ DELETE	3.1 TITLE	31-211		hange	☐ Addition	
TITLE		J [	3.2 NAME	}	_		{	
NAME				T ADDRESS				
STREET ADDRESS			3.4. CITY-1					
CITY-ST-ZIP	<del></del>	☐ DELETE	4,1 TITLE	y. ur		hange	☐ Addition	
NAME			4. 2 NAME		_		1	
	1			T ADORESS			- {	
STREET ADDRESS			4.4 CITY-5					
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	,, 4,11		hange	☐ Addition	
NAME		<u> </u>	5.2 NAME		_			
STREET ADDRESS			5.3 STREE	T ADDRESS				
1			5.4 CITY-9					
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			hange	Addition	
NAME		_	6.2 NAME	İ			1	
STREET ADDRESS			6.3 STREE	T ADORESS				
1			6.4 CITY-S					
C/TY-ST-ZIP			***********					

C/TY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 acquirate 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 true to employered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in officer or director of the corporation or Block 12 or Block 13 if changed, or

SIGNATURE:

STEVEN M. NESBITT

03/16/99

813/935-8777