FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **172404** **(6)**

1. Corporation Name

VALEON GROVES, INC.

Principal Place of Business	Mailing Address
2700 LAKE SHORE DRIVE ORLANDO FL 32803	2700 LAKE SHORE DRIVE ORLANDO FL 32803

2. Principal Place of Business	2a. Mailing Address
21 C/O T.O.P. JEWISH FOUND.	26 800 N MAGNOLIA AVE.
Suite, Apt. #, etc. SUITE 136 22 6617 GUNN HIGHWAY	Suite, Apt. #, etc. 27 SUITE 1500
City & State 23 TAMPA, FL	City & State 28 ORLANDO, FL
Zip 24 33625 — Country 25 US	Zip 29 32803 — Country 30 US

3. Date Incorporated or Qualified: **02/19/1953**
3a. Date of Last Report: **03/30/1995**
4. FEI Number: **59-6068564** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ETTINGER, BEATRICE
2700 LAKESHORE DRIVE
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name: CAPOUANO, ALBERT D.
82 Street Address (P.O. Box Number is Not Acceptable): 800 N. MAGNOLIA AVENUE, SUITE 1500
83
84 City: ORLANDO **FL** 85 Zip Code: 32803

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: Albert D. Capouano — April 4, 1996
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ETTINGER, BEATRICE 2700 LAKESHORE DRIVE ORLANDO FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD SHANKER, BRUCE 6617 GUNN HIGHWAY, SUITE 136 TAMPA FL 33625	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD CROTTY, MARILYN 2700 LAKESHORE DRIVE ORLANDO FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VSD WOLLY, GEORGE 1055 KENSINGTON PARK DRIVE ALTAMONTE SPRINGS FL 32714	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D ETTINGER, LEON 2700 LAKE SHORE DRIVE ORLANDO FL 32803	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] — 4/4/96 — (407) 788-0247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

GEORGE WOLLY