

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

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **251666** (4)
1. Corporation Name
VALENCIA CENTER INC



Principal Place of Business 100 RIALTO PLACE SUITE 500 MELBOURNE FL 32901 US	Mailing Address 100 RIALTO PLACE SUITE 500 MELBOURNE FL 32901-3073 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 09/27/1961	3a. Date of Last Report 02/12/1996
4. FEI Number 59-0980865	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**SOTTILE, JAMES JR.
100 RIALTO PLACE
SUITE 500
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent
81 Name
John H. Sottile
82 Street Address (P.O. Box Number is Not Acceptable)
100 Rialto Place - Suite 500
83
84 City
Melbourne, 85 Zip Code
FL 32901

11. Pursuant to the provisions of Sections 607.0602 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	XX Vice Pres., Secy., Treas. <input type="checkbox"/> DELETE
NAME	SOTTILE, JOHN H
STREET ADDRESS	2324 BROOKSIDE WAY
CITY-ST-ZIP	INDIALANTIC, FL 0
TITLE	XX Vice Pres. <input type="checkbox"/> DELETE
NAME	SOTTILE, ETHEL H
STREET ADDRESS	2525 INDIAN MOUND TRAIL
CITY-ST-ZIP	CORAL GABLES, FL 0
TITLE	PS President <input type="checkbox"/> DELETE
NAME	SOTTILE, JAMES
STREET ADDRESS	2525 INDIAN MOUND TRAIL
CITY-ST-ZIP	CORAL GABLES, FL 0
TITLE	XX <input checked="" type="checkbox"/> DELETE
NAME	LEITNER, MARY H
STREET ADDRESS	2344 BROOKSIDE DR
CITY-ST-ZIP	INDIALANTIC, FL 0
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	Assistant Secy. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Linda S. Hammond
1.3 STREET ADDRESS	1201 Pawnee Terrace
1.4 CITY-ST-ZIP	Indian Harbour Beach, FL 32937
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 in an attachment with an address.

SIGNATURE:  **John H. Sottile, Pres.** 4/11/97 (407) 724-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

Handwritten: 5-8-97

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***165.00**