

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

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90080 028 ***150.00

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DOCUMENT # 251666

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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/27/1961

4. FEI Number

59-0980865

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOTTILE, JOHN
100 RIALTO PLACE
SUITE 500
MELBOURNE FL 32901

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~VPST~~ ☐ DELETE
NAME SOTTILE, JOHN H
STREET ADDRESS 2324 BROOKSIDE WAY
CITY-ST-ZIP INDIANLANTIC, FL 0

1.1 TITLE President, Director ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME SOTTILE, ETHEL H
STREET ADDRESS 2525 INDIAN MOUND TRAIL
CITY-ST-ZIP CORAL GABLES, FL 0

2.1 TITLE Vice President, Director ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ~~R~~ ☒ DELETE
NAME ~~SOTTILE, JAMES~~
STREET ADDRESS ~~2525 INDIAN MOUND TRAIL~~
CITY-ST-ZIP ~~CORAL GABLES, FL 0~~

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE AS Treasurer ☐ DELETE
NAME HAMMOND, LINDA
STREET ADDRESS 1201 PAWNEE TERRACE
CITY-ST-ZIP INDIAN HARBOUR BEACH FL 32937

4.1 TITLE Treasurer ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE Secretary ☐ DELETE
NAME Guanci, Suzanne
STREET ADDRESS 1130 Placetatas Ave.
CITY-ST-ZIP Miami, FL 33146

5.1 TITLE ☒ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE Assistant Secretary ☐ DELETE
NAME Walsh, Jeanne
STREET ADDRESS 2525 Indian Mound Trail
CITY-ST-ZIP Coral Gables, FL 33134

6.1 TITLE ☒ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/99

407 724 1700

CR2E034 (1/98)