


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

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May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 481021 (4)</b>					
1. Corporation Name <b>VALUE LINE CONSTRUCTION CORPORATION</b>					
Principal Place of Business <b>2170 W SR 434 STE 430 LONGWOOD FL 32779 US</b>			Mailing Address <b>2170 W SR 434 STE 430 LONGWOOD FL 32779-4983 US</b>		
2. Principal Place of Business 21 <b>2101 West SR, 434</b> Suite, Apt. #, etc. 22 <b>103</b> City & State 23 <b>Longwood FL</b> Zip Country 24 <b>32779</b> 25 <b>Seminole</b>		2a. Mailing Address 26 <b>2101 West SR, 434</b> Suite, Apt. #, etc. 27 <b>103</b> City & State 28 <b>Longwood FL</b> Zip Country 29 <b>32779</b> 30 <b>Seminole</b>		3. Date Incorporated or Qualified <b>07/23/1975</b> 3a. Date of Last Report <b>05/01/1996</b> 4. FEI Number <b>59-1626419</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 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 <b>DOWD, E. MICHAEL 30 SKYLINE DRIVE LAKE MARY FL 32746</b> <b>734 FAIR OAKS LANE MAITLAND, FL 32751</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 <i>E. Michael Dowd</i> (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE <b>V</b> <input checked="" type="checkbox"/> DELETE NAME <b>DOWD, J STEVEN</b> STREET ADDRESS <b>1183 EN COURTE GREEN</b> CITY-ST-ZIP <b>APOPKA FL</b> TITLE <b>P</b> <input type="checkbox"/> DELETE NAME <b>DOWD, E MICHAEL</b> STREET ADDRESS <b>734 FAIR OAKS LANE</b> CITY-ST-ZIP <b>MAITLAND FL</b> TITLE <b>S</b> <input checked="" type="checkbox"/> DELETE NAME <b>ORR, JENNY</b> STREET ADDRESS <b>1554 ROYAL CIRCLE</b> CITY-ST-ZIP <b>APOPKA FL</b> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 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 <b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME <b>Dowd, D. Douglas</b> 1.3 STREET ADDRESS <b>2101 West S.R. 434, Suite 103</b> 1.4 CITY-ST-ZIP <b>Longwood, FL 32779</b> 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 <b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME <b>Wilson, Joan E.</b> 3.3 STREET ADDRESS <b>806 CRAIG ST.</b> 3.4 CITY-ST-ZIP <b>NEW SMYRNA BEACH, FL 32168</b> 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 on an attachment with an address. SIGNATURE: <i>E. Michael Dowd</i> <b>President</b> <b>4/30/97 407-865-7293</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone					

CR2E034 (9/96)