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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 623845

VALLEY MORTGAGE AND INVESTMENT CORPORATION

FILED Mar 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					T 195119 SING NESS REEL INN SIGN SIZIT GISIT GIGH SIGN SIGN SIGN SIGN SIGN SIGN SIGN SIGN		
609 CEDAR CREEK GRADE 609 CEDAR CREEK GRADE STE A STE A				we			
WINCHESTER	VA 22801	WIN	ICHESTER VA 22601			DO NOT WRITE IN	N THIS SPACE
						3. Date Incorporated or Qualified 06/05/1979	
2. Principal F	Place of Business	2a. N	Mailing Address		· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Applied For
21		26		,, -,	.,	54-0790729	Not Applicab
Suite, Apt	#, etc	27	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stai	le	28	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zıp	Coun	try Z	fip	Countr	y	8. This corporation owes or has paid	
24	25	29		[30]		Personal Property Tax due June 3	
		ress of Current Registe	red Agent	81	Name	10. Name and Address of New Regi	stered Agent
	isnik, mimi m. 9 cedar creek gi	DADE		[*'	Name		
		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	e a Nchester va 2260	11		83			
***	NUNESIER VA 220	71					
				84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Se	ctions 607.0502 and 607	'.1508, Florida Statu	ites, the abov	e-named co	rporation submits this statement for the pur	
office or	registered agent, or bo	oth, in the State of Florida	Such change was	authorized b	y the corpora	rporation submits this statement for the pur ation's board of directors. I hereby accept	the appointment as registered
	ant tarrinar with, and ad	Scopi ind obligations v		dent		ব	-16-98
SIGNATURE	Signature, typ	me of regimered agree and fine if a	apposable (NC	TE: Registered Ar	ent signature req	ured when reinstating)	DATE
12.		OFFICERS AND DIRECT		13.		ADDITIONS/CHANGES TO OFFICE	
TITLE	P		☐ DELETE	1.1 TITLE			Change Addition
NAME	CESNIK, MIMI M			1.2 NAME			
STREET ADDRESS		EK GRADE SUITE A		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	WINCHESTER V	<u> </u>		14 CITY-	ST-ZIP		
TITLE	MOLDEN ED I		DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	MOLDEN, ED L	EV ODADE CUITE A		2.2 NAME			
STREET ADDRESS		EK GRADE SUITE A			T ADDRESS		•
CITY-ST-ZIP	WINCHESTER V	4 22001	Deter	2. 4 CITY	ST-ZIP		C Change C Addition
TITLE	_	MN D	☐ DELETE	3 1 TFTLE			Change Addition
NAME	BURKHART, DAV	EK GRADE SUITE A		3 2 NAME	I		
STREET ADDRESS	WINCHESTER V				T ADDRESS		
CITY-ST-ZIP	VS VS	- LEOV 1	DELETE	3.4. CITY	Sr-ZIP		Change Addition
TITLE	MOLDEN, ED L		L'I NCELLE	4.1 DILE 4.2 NAM	.		L Change L Noulle
NAME		EK GRADE SUITE A					
STREET ADDRESS	WINCHESTER V			4.3 STHEE	T ADDRESS		
CITY-ST-ZIP TITLE	V	•	DELETE	51 TITLE	91-71F		Change Addition
NAME	MOLDEN, CHRIS	TOPHER A		52 NAME			
STREET ADDRESS		EK GRADE SUITE A			T ADDRESS		
CITY-ST-ZIP	WINCHESTER V			5.4 CITY-			
TITLE		·	DELETE	6.1 TAILE	01-FII		Change Addition
NAME				62 NAME			
STREET ADDRESS					T ADDRESS		
				6.4 CITY-			
CITY-ST-ZIP	<u> </u>			0.4 01(1-		in Costion 110.07/3/() Florida Statutos I fu	

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 informatio 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 the end or on any thick ment also an address.