FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 28 PM 4:14

DOCUMENT # 629865 (7)

1. VALT INDUSTRIES, INC.

Principal Place of Business
8555 W MCNAB RD.
TAMARAC FL 33321

Mailing Address
8555 W MCNAB RD.
TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/01/1979

3a. Date of Last Report: 06/14/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-1922364 — Applied For / Not Applicable

5. Certificate of Status Desired: X — $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 X No

9. Name and Address of Current Registered Agent

SCHNEIDER, JEROME
8555 W. MCNAB ROAD
TAMARAC FL

10. Name and Address of New Registered Agent

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 of Officer or Director of the Corporation) (NOTE: Registered Agent's Signature required above/below) DATE

12. OFFICERS AND DIRECTORS

TITLE	DT
NAME	SCHLOSSBERG, SHARON
STREET ADDRESS	10157 N.W. 3RD PLACE
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	DS
NAME	GORDON, PHYLLIS
STREET ADDRESS	153 N.W. 104TH AVENUE
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	DP
NAME	SCHNEIDER, JULIA
STREET ADDRESS	8040 BUTTONWOOD CIRCLE
CITY-ST-ZIP	TAMARAC FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 is voluntarily furnished and 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 the 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: Julia Schneider 1/23/95 305-726-0470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
JULIA SCHNEIDER

0220417 CP