

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMPA, FLORIDA
33602

APPROVED
AND
FILED

55 MAY -1 PM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 636746

(0)

VALENCIA GARDENS, INC.

809 W KENNEDY BOULEVARD
TAMPA FL 33606

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TAMPA FL 33606

(PRINT IN INK IN THIS SPACE)

3. Date of Incorporation or Qualification	3a. Date of Last Report
09/04/1979	03/24/1994
4. Filing Number	Applied For
59-1934555	Not Applicable
5. Certificate of Status Expired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7. This corporation has notice for interpretation under 1995 Florida Statutes	Yes No

2. Principal Office	2a. Mailing Address
21. Secretary	26. Treasurer
22. Director	27. Director
23. Director	28. Director
24. Director	29. Director
25. Director	30. Director

9. Name and Address of Current Registered Agent

BOGGS, E. JACKSON
220 MADISON STREET
TAMPA FL 33602

10. Name and Address of New Registered Agent

81. Name	85. State
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83. City	
84. City	

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation submits this statement for the purpose of changing its registered office to the address herein set forth in the State of Florida. This statement was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and understand the provisions of the laws of the State of Florida relating to this statement.

SIGNATURE

12. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995
VP NAME AGLIANO, SAM 5002 N. HOWARD AVE. TAMPA FL	VP NAME AGLIANO, SAM 5002 N. HOWARD AVE. TAMPA FL
P NAME AGLIANO, DAVID 5002 N. HOWARD AVE. TAMPA FL	P NAME AGLIANO, DAVID 5002 N. HOWARD AVE. TAMPA FL
SD NAME AGLIANO, JOSEPHINE 5002 N. HOWARD AVE. TAMPA FL	SD NAME AGLIANO, JOSEPHINE 5002 N. HOWARD AVE. TAMPA FL
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NAME AGLIANO, JOSEPHINE 5002 N. HOWARD AVE. TAMPA FL	NAME AGLIANO, JOSEPHINE 5002 N. HOWARD AVE. TAMPA FL

14. I, the undersigned, certify that this statement was prepared with the best of my knowledge and belief, and that the information contained herein is true and correct. I am familiar with and understand the provisions of the laws of the State of Florida relating to this statement. I hereby accept the appointment as registered agent. I am familiar with and understand the provisions of the laws of the State of Florida relating to this statement.

SIGNATURE:

David W. Agliano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95

913-251-3773