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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F07807

AAV TRUE VALUE HOME CENTER INC

	OE VALUE HOME CENTER,			1,100	
Principal Plac	ce of Business	Mailing Address		1 1001100 1111 00111 10001 10111 00113	1000 OTOLL BEDSI DIGIL GEALF MEDLL BERLL FRAU
7845 NW 66 S MIAMI FL 3316		7845 NW 66 STREET MIAMI FL 33166			
US				DO NOT WRITE	IN THIS SPACE
				 Date Incorporated or Qualifed 12/04/1980 	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26	•	59-2058845	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the curren	
24	25		30	Personal Property Tax.	Yes No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Reg	gistered Agent
VAN	IN, VINCENT R		81 Name		
45V 137	20 SW 104 ST		82 Street Addr	ress (P.O. Box Number is Not Acceptable	e) ,
	MI FL 33176		-	LEADING THE MORE OF THE MARKET AND T	10 7 37 8 0 1 12 x x 20 0 1 2 5 7 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1900-10			83		
			84 City		85 Zin Code
794x w 2 0	Mary and	April 10 Spring 1999		poration submits this statement for the pu	FL CO Exp GOOG
	to the provisions of Sections 607.0502	? and 607.1508. Flo⊓da Statute	is the above-named com	poration submits this statement for the pu	inpose of changing its registered
				on's board of directors. I hereby accept to	the appointment as registered
	registered agent, or both, in the State o am familiar with, and accept the obligati			on's board of directors. I hereby accept t	the appointment as registered
	am familiar with, and accept the obligati	ions of, Section 607.0505, Flori	ida Statutes.	,	
signature	am familiar with, and accept the obligati	ons of, Section 607.0505, Flori and title if applicable. (NOTE:	ida Statutes. Registered Agent signature require	ed when reinstating) / (()(()	DATE
signature 12.	am familiar with, and accept the obligati Signature, typed or printed name of registered agent OFFICERS AND	ions of, Section 607.0505, Flori and title if applicable. (NOTE: D DIRECTORS	ida Statutes. Registered Agent signature require	ad when reinstating) ; ; ; ; ; ; ; ; ; ADDITIONS/CHANGES TO OFFICE	DATE
35 agent. I a SIGNATURE 12.	am familiar with, and accept the obligati Signature, typed or printed name of registered agent OFFICERS AND	ons of, Section 607.0505, Flori and title if applicable. (NOTE:	ida Statutes. Registered Agent signature require 13. 1.1 TITLE	ed when reinstating) / (()(()	DATE CERS AND DIRECTORS IN 12
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14. I hereby certify that the information supplied with this filling 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 or an attachment with an appress, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Feb 06, 1999 8:00am

Secretary of State

02-06-1999 90001 042 ***150.00