

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F93000004086 (5)**

1. Corporation Name

**VALLEY NATIONAL FINANCIAL SERVICES COMPANY**



Principal Place of Business

Mailing Address

**8675 HIDDEN RIVER PKWY  
STE 425  
TAMPA FL 33637  
US**

**1600 EAST NORTHERN AVE., SUITE 434—  
STE 436—  
PHOENIX AZ 85020  
US**

3. Date Incorporated or Qualified  
**09/08/1993**

3a. Date of Last Report  
**08/04/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt., #, etc.

Suite, Apt., #, etc.

22

27

**Suite 150**

**Suite 125**

23

28

City & State

City & State

24

29

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TATELBAUM, CHARLES M  
911 CHESTNUT STREET  
CLEARWATER FL 34616**

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 typed or printed name of registered agent and board of directors

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PDT	<input type="checkbox"/> DELETE
NAME	WILEMON, WILLIAM P	
STREET ADDRESS	1600 E NORTHERN AVE STE 125	
CITY- ST- ZIP	PHOENIX AZ	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WESTMAN, JOHN	
STREET ADDRESS	241 N CENTRAL AVE 36TH FL	
CITY- ST- ZIP	PHOENIX AZ	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	HADDOCK, RANDY D	
STREET ADDRESS	241 N CENTRAL AVE 36TH FL	
CITY- ST- ZIP	PHOENIX AZ	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BRUNS, ROBERT W	
STREET ADDRESS	241 N CENTRAL AVE 36TH FL	
CITY- ST- ZIP	PHOENIX AZ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>Delete</b>
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:** *William P. Wilemon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-31-96 (602) 221-3743**  
Date Daytime Phone #

CR2E034 (12/95)