SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

FILED AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) Jul 18 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # H13713 VALUE ADDED RESOURCES, INC. Principal Place of Business Mailing Address 7232 JACARANDA LANE 7232 JACARANDA LANE MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 DO NOT WRITE IN THIS SPACE 3 Date Incorporated or Qualified 3a. Date of Last Report 07/20/1984 06/14/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 59-2425267 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Added to Fees Trust Fund Contribution Zip Country Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent SIEGEL, STEPHEN S. 7411 MIAMI LAKES DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI LAKES FL 33014 83 City Zip Code 85 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 title if applicable (NOTF: flogistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ Addition DELETE 1.1 10116 Change TITLE LEITNER, FRANK P. 1.2 NAME NAME 7232 JACARANDA LANE 1.3 STREET ADDRESS STREET ADORESS MIAMI LAKES FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 THILE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY- \$1 - ZIP DELETE Change Addition TITLE 3 1 101LE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP CiTY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELFTE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition TITLE 6.1 TITLE

14. I do 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 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 eath; that I am an officer or director of the corporation or the receiver of rustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my pame appears in Block 12 or Block 13 or Chapter 607, Florida Statutes; and that my pame appears in Block 12 or Block 13 or Chapter 607, Florida Statutes; and that my pame appears in Block 12 or Block 13 or Chapter 607, Florida Statutes; and that my pame appears in Block 12 or Block 13 or Chapter 607, Florida Statutes; and that my pame appears in Block 12 or Block 13 or Block 13 or Chapter 607, Florida Statutes; and that my pame appears in Block 12 or Block 13 or Block 13 or Block 14 or Block 15 or Block 15 or Block 15 or Block 15 or Block 16 or Block 16 or Block 16 or Block 17 or Block 17 or Block 17 or Block 17 or Block 18 or Block 18 or Block 19 o

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP