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

PROFIT CORPORATION ANNUAL REPORT



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

1996

(2)

STREET ADDRESS

DOCUMENT # J245

VALLEZ	Poblishing Co., Inc.								
Principal Place 6 899 10TH ST. NAPLES FL 3	Mailing Address 899 10TH ST. SO. NAPLES FL 33940								
						3. Date Incorporated or Qualified 07/17/1986	3a. Date	of Last R 13/19	leport 95
2. Principal Pla	ce of Business	2a. Mailing Address 26			4. FEI Number				
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		7	5 Additional Required	
City & State		City & State				Election Campaign Financing Trust Fund Contribution			May Be d to Fees
Zip 24	Country 25	Zip 29	30	ntry		8. This corporation has liability for li Florida Statutes Yes	□ No		199.032,
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New R	egistered /	Agent	
VALLE7	ARTHUR JEROME			81	Name				
899 10TH ST. S				82	Street Addre	ess (P.O. Box Number is Not Acceptable	e) 		
NAPLES	FL 33940			B3	0:			105 7	o Carlo
				84	City		FL	85 Zi	ip Code
or registere familiar with SIGNATURE	ed agent, or both, in the State of Floric h, and accept the obligations of, Sect States, types or printed name of registered agent OFFICERS AN	da. Such change was authorize ion 607 0505, Florida Statutes.	d by the d	corp	oration's board	ation submits this statement for the pure d of directors. I hereby accept the appointment of the when reinstating? ADDITIONS/CHANGES TO OFFI	ointment as 4/2 DXTE	pegistered	agent. I am
TITLE	DP CHIELDING		DELETE 1.11				<u>_</u>	Change	☐ Addition
NAME	VALLEZ, ARTHUR JEROME		1.2 NAME				_		
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14. Ido 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 repower 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 granged or an attachment with an address. **SIGNATURE:**

OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

63 STREET ADDRESS 6.4 CITY - ST - ZIP

941 262 0381