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 # J63836

1. Corporation Name

VALUE ADDED INVESTMENTS, INC.

Principal Place of Business
114 CAT CAY LANE
INDIAN HARBOUR BEACH
FLORIDA, 32937

Mailing Address
114 CAT CAY LANE
INDIAN HARBOUR BEACH
FLORIDA, 32937

3. Date Incorporated or Qualified: 03/25/1987
3a. Date of Last Report: 07/1995

2. Principal Place of Business
21 114 CAT CAY LANE
Suite, Apt. #, etc. 22
City & State 23 INDIAN HARBOUR BCH FLORIDA
Zip 24 32937 Country 25

2a. Mailing Address
26 114 CAT CAY LANE
Suite, Apt. #, etc. 27
City & State 28 INDIAN HARBOUR BCH FLORIDA
Zip 29 32937 Country 30

4. FEI Number: 59-2808605 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WILSON, CHARLES DAVID
114 CAT CAY LANE
INDIAN HARBOUR BEACH, FL. 32937

10. Name and Address of New Registered Agent

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: Charles David Wilson — DATE: 4/29/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, CHARLES DAVID	1.2 NAME	
STREET ADDRESS	114 CAT CAY LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN HARBOUR BCH, FL 32937	1.4 CITY-ST-ZIP	
TITLE	S/D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	RIEDER, GREGORY CHARLES	2.2 NAME	
STREET ADDRESS	420 THRUSH DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BCH, FL 32937	2.4 CITY-ST-ZIP	
TITLE	T/D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DREISEN, PETER	3.2 NAME	
STREET ADDRESS	4215 WINDOVER WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32934	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	VANSTRUM, MARK	4.2 NAME	
STREET ADDRESS	509 S. PALM AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC, FL 32903	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, VALERIE S.	5.2 NAME	
STREET ADDRESS	114 CAT CAY LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☒ Addition
NAME	WILLER, MARIDEL	6.2 NAME	
STREET ADDRESS	121 OCEAN TERRACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC, FL. 32903	6.4 CITY-ST-ZIP	

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5-1-96

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: Charles David Wilson — CHARLES DAVID WILSON — 4/29/96 — 407-777-7047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)