


**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 21 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J63836 (7)**  
1. Corporation Name  
**VALUE ADDED INVESTMENTS, INC.**



Principal Place of Business <b>114 CAT CAY LANE INDIAN HARBOUR BCH. FL 32937 US</b>	Mailing Address <b>114 CAT CAY LANE INDIAN HARBOUR BCH. FL 32937-4419 US</b>
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3. Date Incorporated or Qualified <b>03/25/1987</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2808805</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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9. Name and Address of Current Registered Agent <b>WILSON, CHARLES D 114 CAT CAY LANE INDIAN HARBOUR BCH FL 32937</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>SD</b>	NAME <b>RIEDER, GREGORY CHARLES</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>420 THRUSH DRIVE</b>	CITY- ST- ZIP <b>SATELLITE BEACH FL 32937</b>	1.2 NAME	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
TITLE <b>PD</b>	NAME <b>WILSON, CHARLES DAVID</b>	1.4 CITY- ST- ZIP	
STREET ADDRESS <b>114 CAT CAY LANE</b>	CITY- ST- ZIP <b>INDIAN HARBOUR BCH. FL 32937</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	2.2 NAME	
TITLE <b>D</b>	NAME <b>VANSTRUM, MARK</b>	2.3 STREET ADDRESS	
STREET ADDRESS <b>509 S. PALM AVE.</b>	CITY- ST- ZIP <b>INDIALANTIC FL 32903</b>	2.4 CITY- ST- ZIP	
	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b>	NAME <del>WILLER, MARIDEL</del>	3.2 NAME	
STREET ADDRESS <b>421 OCEAN TERRACE</b>	CITY- ST- ZIP <b>INDIALANTIC FL 32903</b>	3.3 STREET ADDRESS	
	<input checked="" type="checkbox"/> DELETE	3.4 CITY- ST- ZIP	
TITLE <b>D</b>	NAME <b>WILSON, VALERIE</b>	4.1 TITLE	<b>DIRECTOR / VICE-PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>114 CAT CAY LANE</b>	CITY- ST- ZIP <b>INDIAN HARBOUR BCH. FL 32937</b>	4.2 NAME	<b>DAWSON SPANO</b>
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	<b>3860 TOBY AVE.</b>
TITLE <b>TD</b>	NAME <b>DREISEN, PETER</b>	4.4 CITY- ST- ZIP	<b>VALKARIA, FL. 32950</b>
STREET ADDRESS <b>4215 WINDOVER WAY</b>	CITY- ST- ZIP <b>MELBOURNE FL 32934</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	5.4 CITY- ST- ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	6.4 CITY- ST- ZIP	

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 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** 4/16/97 407-729-2441  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)