

FILE NOW: FILING FEE AFTER MAY 1ST IS \$150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90029 001 \*\*\*150.00

DOCUMENT # **J63836**  
Corporation Name  
**VALUE ADDED INVESTMENTS, INC.**



Principal Place of Business  
**CAT CAY LANE  
INDIAN HARBOUR BCH. FL 32937**

Mailing Address  
**114 CAT CAY LANE  
INDIAN HARBOUR BCH. FL 32937  
US**

DO NOT WRITE IN THIS SPACE

|  |  |                     |  |   |  |
|--|--|---------------------|--|---|--|
| 1. Principal Place of Business   |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified<br><b>03/25/1987</b>  |  |
| Suite, Apt. # etc.   |  | Suite, Apt. #, etc. |  | 4. FEI Number<br><b>59-2808605</b>  |  |
| City & State   |  | City & State        |  | Applied For<br>Not Applicable   |  |
| Zip  |  | Zip                 |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required   |  |
| Country  |  | Country             |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                              |  |
| 25   |  | 21                  |  | 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 3c   |  | 3c                  |  | 10. Name and Address of New Registered Agent  |  |
| 9. Name and Address of Current Registered Agent<br><b>WILSON, CHARLES D<br/>114 CAT CAY LANE<br/>INDIAN HARBOUR BCH FL 32937</b> |  |                     |  | 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITION 3/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------------------|--|---|
| TITLE                      | SD <input type="checkbox"/> DELETE  | 11 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>RIEDER, GREGORY CHARLES</b>      | 12 NAME  |   |
| STREET ADDRESS             | <b>420 THRUSH DRIVE</b>             | 13 STREET ADDRESS                                      |   |
| CITY-ST-ZIP                | <b>SATELLITE BEACH FL 32937</b>     | 14 CITY-ST-ZIP   |   |
| TITLE                      | PD <input type="checkbox"/> DELETE  | 21 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>WILSON, CHARLES DAVID</b>        | 22 NAME  |   |
| STREET ADDRESS             | <b>114 CAT CAY LANE</b>             | 23 STREET ADDRESS                                      |   |
| CITY-ST-ZIP                | <b>INDIAN HARBOUR BCH. FL 32937</b> | 24 CITY-ST-ZIP   |   |
| TITLE                      | D <input type="checkbox"/> DELETE   | 31 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>VANSTRUM, MARK</b>               | 32 NAME  |   |
| STREET ADDRESS             | <b>509 S. PALM AVE.</b>             | 33 STREET ADDRESS                                      |   |
| CITY-ST-ZIP                | <b>INDIALANTIC FL 32903</b>         | 34 CITY-ST-ZIP   |   |
| TITLE                      | DVP <input type="checkbox"/> DELETE | 41 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DAWSON, SPANO</b>                | 42 NAME  |   |
| STREET ADDRESS             | <b>3860 TOBY AVE</b>                | 43 STREET ADDRESS                                      |   |
| CITY-ST-ZIP                | <b>VALKARIA FL</b>                  | 44 CITY-ST-ZIP   |   |
| TITLE                      | D <input type="checkbox"/> DELETE   | 51 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>WILSON, VALERIE</b>              | 52 NAME  |   |
| STREET ADDRESS             | <b>114 CAT CAY LANE</b>             | 53 STREET ADDRESS                                      |   |
| CITY-ST-ZIP                | <b>INDIAN HARBOUR BCH. FL 32937</b> | 54 CITY-ST-ZIP   |   |
| TITLE                      | TD <input type="checkbox"/> DELETE  | 61 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DREISEN, PETER</b>               | 62 NAME  |   |
| STREET ADDRESS             | <b>4215 WINDOVER WAY</b>            | 63 STREET ADDRESS                                      |   |
| CITY-ST-ZIP                | <b>MELBOURNE FL 32934</b>           | 64 CITY-ST-ZIP   |   |

14. I 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, with a) other like empowered.

SIGNATURE:

*Charles David Wilson*

4/20/99

407-777-7047

CR2E034 (11/98)