


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

**FILED**  
**Feb 09, 1999 8:00am**  
**Secretary of State**

|  |   |  |
|--|---|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

02-09-1999 90034 050 \*\*\*\*150.00

**DOCUMENT # J77673**

1. Corporation Name  
**MICHAEL VALESKY & ASSOCIATES, INC. INSURANCE**



|   |  |
|---|--|
| Principal Place of Business<br>1817 16TH ST N<br>PO BOX 7068<br>ST PETERSBURG FL 33704-3917<br>US | Mailing Address<br>P.O. BOX 7068<br>PO BOX 7068<br>ST PETERSBURG FL 33704-3917<br>US |
|---|--|

DO NOT WRITE IN THIS SPACE

|   |  |    |
|---|--|----|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24 | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 | 30 |
|---|--|----|

|   |                                       |  |
|---|---------------------------------------|--|
| 3. Date Incorporated or Qualified<br><b>06/11/1987</b>  | 4. FEI Number<br><b>59-2823638</b>    | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b> |  |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>    |  |
| 8. This corporation owes the current year Intangible Personal Property Tax.<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |  |

9. Name and Address of Current Registered Agent

**VALESKY, PAUL MICHAEL**  
**1817-16TH ST NE**  
**ST PETERSBURG FL 33704**

10. Name and Address of New Registered Agent

|   |           |
|---|-----------|
| 81 Name   |           |
| 82 Street Address (P.O. Box Number is Not Acceptable) |           |
| 83  |           |
| 84 City   | <b>FL</b> |
| 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | <b>PD</b>                    | <input type="checkbox"/> DELETE |
| NAME           | <b>VALESKY, PAUL MICHAEL</b> |                                 |
| STREET ADDRESS | <b>1817 16TH ST N</b>        |                                 |
| CITY-ST-ZIP    | <b>ST PETERSBURG FL</b>      |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                   |   |
|--------------------|-------------------|---|
| 1.1 TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | <b>59-2823638</b> |   |
| 1.3 STREET ADDRESS |                   |   |
| 1.4 CITY-ST-ZIP    |                   |   |
| 2.1 TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                   |   |
| 2.3 STREET ADDRESS |                   |   |
| 2.4 CITY-ST-ZIP    |                   |   |
| 3.1 TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                   |   |
| 3.3 STREET ADDRESS |                   |   |
| 3.4 CITY-ST-ZIP    |                   |   |
| 4.1 TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                   |   |
| 4.3 STREET ADDRESS |                   |   |
| 4.4 CITY-ST-ZIP    |                   |   |
| 5.1 TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                   |   |
| 5.3 STREET ADDRESS |                   |   |
| 5.4 CITY-ST-ZIP    |                   |   |
| 6.1 TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                   |   |
| 6.3 STREET ADDRESS |                   |   |
| 6.4 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 all other like empowered.

SIGNATURE \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_  
 1/19/99 727 823-1555  
 Date Daytime Phone #

CR2E034 (11/98)