CORPO ANNUAI	OFIT DRATION L REPORT		ELORIDA DEPARTM Sandra B. N Secretary ( DIVISION OF CO	Mortnach of State			
OCUM! Corporation Na VALPRO,	ame	36	(O)			brond Sokl Slådi Sillis Bill	ai Babii Babii Bibii 1884
icipal Place of	Business	Mailing A					
.O. BOX 16233 LTAMONTE SF IS	27 PRINGS FL 32716-2327		BOX 162327 Monte Springs Fl	32716-2327	Date Incorporated or Qualifie     12/19/1988		ast Report 6/1995
Principal Place	o of Business	2a, Maili	ing Address		4. FEI Number	<u> </u>	Applied For
тикора: Екск	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	26			65-0092374		Not Applicab  8.75 Additional
Suite, Apt. #,	etc.	Suite 27	e, Apt. #. etc.		5. Certificate of Status Desired		Fee Required
City & State			& State		Election Campaign Financing     Trust Fund Contribution	٠   ـــــــــــــــــــــــــــــــــــ	\$5.00 May Be Added to Fees
Zφ	Country	Zıp		Country	This corporation has liability     Florida Statutes	forintangible tax ur Yes \[ \] No	nders 199.032,
<del></del>	9. Name and Address of Cu	29   urrent Registered		30	10. Name and Address of Ne		ent
	9, Hame and Head	<u> </u>		81 Name	ress (P.O. Box Number is Not Acce		
BILL, BEF				1 1			
C/O VALE 417 WHO ALTAMOR	Pro, Inc. Hoping Loop, Suite 1711 HTE Springs FL 32701		08 Florida Statutes	83  84 City  the above named compo	oration submits this statement for the	FL	85 Zip Code
C/O VALF 417 WHO ALTAMON Pursuant to or registered familiar with	PRO, INC. OPING LOOP, SUITE 1711 VITE SPRINGS FL 32701 the provisions of Sections 607 d agent, or both, in the State of , and accept the obligations of,	0502 and 607.15 Frorida, Such cha Section 607.0505	i, Florida Statutes.	B4 City	oration submits this statement for the ard of directors. I hereby accept the set when remaining	e purpose of changi appointment as reg	ing its registered o gistered agent. I an
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)