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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L38550

1. Corporation	Name LJOJJO		•	,
	/ALUE, INC.			
SUFER V	ALUE, INC.			r complete and productive and since and a safe and a little and a safe and a
#U 10 T-0				
Principal Place	of Business	Mailing Address		
1461 MAIN STR	EET	1461 MAIN STREET		
SARASOTA FL	34236	SARASOTA FL 34236		DO NOT WRITE IN THIS SPACE
US		US		3. Date Incorporated or Qualifed
	<u> </u>	_	÷ -	
		1 - 10 10		12/20/1989 4. FEI Number Applied For
2. Principal Pl	ace of Business	2a. Mailing Address		
21		26		65-0167426 Not Applicable \$8.75 Additional
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required
22		27		
City & State	9	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23		28	Carrata	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25		80	Personal Property Tax. LIYes LINO 10. Name and Address of New Registered Agent VES
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent
HAC	AN, DIANNE D.		-	DORIS HERMAN SHIELDS
	SECOND STREET		82 Street Add	ress (P.O. Box Number is Not Acceptable) 768 Post Pointe Dei
			14-8	368 POST POINTE DET
	E 957		83	NASOTA
SARA	ASOTA FL 34236		84 City	85 Zip Code
		•		ARASOTA FL 34233
11. Pursuant t	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the above-named corp	poration submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State o m familiar with, and accept the obligat	of Florida. Such change was autions of Section 607.0505. Florid	nonzed by the corporati	ion's board of directors. I hereby accept the appointment as registered
				1
_			16	amon) Alcod de 4-5-99
_	DORIS HERMAN . Signature, typed or printed name of registered agent		Registered Agent signature require	ed when reinstating) OATE
_		5 + , ELOS t and title if applicable. (NOTE: R	Dous Tle	ed when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE	Don's Herman . Signature, typed or printed name of registered agent	5 + , ELOS t and title if applicable. (NOTE: R	Registered Agent signature require	ed when reinstating) OATE
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: R	Registered Agent signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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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 chapter 607, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-99

Daytime Phone #

-CR2E034 (11/98) ---