

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 31 1998 8:00am
Secretary of State



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION ANNUAL REPORT 1998

DOCUMENT # L48162 (6)
 1. Corporation Name
VALSHEBAR, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 % CAMP, JOHN R., JR.
 9290 N BAYSHORE DR
 MIAMI SHORES FL 33138
 US

3. Date Incorporated or Qualified
02/07/1990

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

4. FEI Number Applied For
65-0280313 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
CAMP, JOHN R. JR.
9250 9290 N BAYSHORE DR
MIAMI SHORES FL 33138

10. Name and Address of New Registered Agent
 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 **John R. Camp Jr** (NOTE: Registered Agent signature required when relating) DATE **7/7/98**

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | CAMP, JOHN, R, JR | |
| STREET ADDRESS | 9290 N BAYSHORE DR | |
| CITY-ST-ZIP | MIAMI SHORES FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | CAMP, BARBARA H | |
| STREET ADDRESS | 9290 N BAYSHORE DR | |
| CITY-ST-ZIP | MIAMI SHORES FL | |
| 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 | |
| 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 | 300002605538 |
| 5.3 STREET ADDRESS | -08/03/98--01092--009 |
| 5.4 CITY-ST-ZIP | ***150.00 |
| 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.

SIGNATURE: **John R. Camp Jr** **John R. Camp Jr** **7/7/98** **(704)743-3181**

CR2E034 (5/98)

Susan R. Hantman
Certified Public Accountant
1111 Lincoln Road, Suite 870
Miami Beach, Florida 33139



Miami Beach
Tel.: 305 / 673-3335
Fax: 305 / 672-5671

North Dade
Tel.: 305 / 935-9462
Fax: 305 / 935-2232

July 17, 1998

Florida Department of State
Division of Corporations
Annual Report Section
P. O. Box 1500
Tallahassee, Florida 32314

Re: Valshebar, Inc.

Dear Sir or Madam:

In accordance with my telephone conversation with your office, enclosed is a check in the amount of \$150. payable to the Department of State representing the annual report fee for the above corporation along with the signed 1997 Profit Corporation Annual Report.

We respectfully request the abatement of the late fee for reasonable cause since the first notice was not received by the corporation. The mailing address that appears on your second notice is incorrect and was just received by the officer of the corporation. Most likely the first mailing was also sent to an incorrect address and was never received. We are enclosing a copy of the address label which reflects the address 9290 N. Bayshore Drive. This may have caused the annual report from reaching its destination or arriving extremely late as did the second notice. The correct address is 9250 N. Bayshore Drive, Miami, Shores, Florida 33138.

It would be greatly appreciated if you would take our request into consideration and abate the late fee due to these circumstances.

Thank you for your attention to this matter.

Very truly yours,



Susan R. Hantman
Certified Public Accountant

Enc.

cc: Valshebar, Inc.