FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



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

L48850 **DOCUMENT #**

(6)

VALLE OAKS CORPORATION

Principal Place of Business Mailing Address									1411 21611 1491	
% W. ANDREW KRUSEN 2909 BAY TO BAY BLVD SUITE 600 TAMPA FL 33629		% W. ANDREW KRUSEN 2909 BAY TO BAY BLVD SUITE 600								
		TAMPA FL 33629		3. Date incorporated or Qualified 02/09/1990 3a. Date of Last Report 02/06/1995						
Principal Plac 1	ce of Business	2a. Mailing Address				4. FEI Number 59-2996707		⊢	Applied For Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	s Desired			
City & State		City & State	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
23 Zip	Country Zip			ntry		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes				
24	9. Name and Address of Curre	nt Begletered Agent	30	T		10. Name and Address of New Registered Agent				
	g. Name and Address of Corre	III Negistereo Agein		81	Name	10. 110110				
KRUSEN, W. ANDREW				82		dress (P.O. Box Number is Not Acceptable)				
SUITE 60				83						
TAMPA F	L 33629			84	City		FL	85 Zış	Code	
11. Pursuant to	the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the abo	ve-n	named corpo	viation submits this statement for the pur	pose of ch	anging its r	egistered office	
or registere	ed agent, or both, in the State of Flo	rida, Such change was authoriz etion 607 0505, Florida Statutes	ed by the o	orpo	oration's boa	oration submits this statement for the pul and of directors. I hereby accept the appr	ointment as	registered	agent. i am	
		Kar	,			V	٠ ٧ -	2-9	6	
SIGNATURE _	Signature, typed or printed name of registered age		TE: Registered	Agen	nt signature require	ed when reinstating!	CALE			
12.	OFFICERS AND DIRECTORS		13.	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	D	□ DELETE	1.17	ITLE			[Change	☐ Addition	
NAME	KRUSEN, W A JR		. 1.2 N/	AME	1					
STREET ADDRESS			1351	3 STREET ADDRESS						
CITY-ST-ZIP	TAMPA FL			1.4 CITY-ST-ZIP						
TITLE	PD	☐ DELETE	2 1 T	ITLE			1	☐ Change	☐ Addition	
NAME	MEYJES, PAMELA K		: 2.2 N							
STREET ADDRESS	1430 NO LAKE SHORE DR,	APT 19	2.3 \$1	TREET	ADDRESS					
CITY-ST-ZIP	CHICAGO IL		2.4 0	TY-S	ST-ZIP					
TITLE	D	☐ DELETE	3. 1 T	ITLE				Change	Addition	
NAME	KRUSEN, W A SR		3.2 N	AME						
STREFT ADDRESS	2909 BAY TO BAY BLVD.		3.3. S	TREE	T ADDRESS					
CITY-ST-ZIP	TAMPA FL		3.4 D	ITY-S	ST-ZIP					
TITLE	D	☐ DELETE	4 1 T	ITLE			ļ	Change	☐ Addition	
NAME	KRUSEN, CHARLES B		4.2 N	AME						
STREET ADDRESS	200 E 72 STR, APT 10M		4.3 S	TREET	ADDRESS					
CITY-ST-ZIP	NEW YORK NY		4.4 C	<u>ΠΥ</u> - 9	ST-21P					
THILE		☐ DELETE	5. 1 7	ITLE				☐ Change	Addition	
NAME			5 2 N	AME						
STREET ADDRESS			5.3 S	TREET	r address					
CITY-ST-ZIP			5.4 C	ITY-S	ST-ZIP					
TITLE		☐ DELETE	6.11					Change	☐ Addition	
NAME			62 N	IAME	1					
STREET ADDRESS					T ADDRESS					
CITY-ST-7IP					ST-ZIP					

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 certify 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 chapged, or on an attachment with an address.

SIGNATURE:

CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR