

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

FILED

Feb 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L48850** (6)

1. Corporation Name
VALLE OAKS CORPORATION



Principal Place of Business % W. ANDREW KRUSEN 2909 BAY TO BAY BLVD., SUITE 200 TAMPA FL 33629	Mailing Address % W. ANDREW KRUSEN 2909 BAY TO BAY BLVD., SUITE 200 TAMPA FL 33629-8195
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3. Date Incorporated or Qualified 02/09/1990	3a. Date of Last Report 04/29/1996
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2. Principal Place of Business 21 2907 Bay to Bay Blvd. Suite, Apt. #, etc. Suite 200	2a. Mailing Address 26 2907 Bay to Bay Blvd. Suite, Apt. #, etc. Suite 200
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4. FEI Number 59-2996707	Applied For <input type="checkbox"/> Not Applicable
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22 City & State Tampa, FL	27 City & State Tampa, FL
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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23 Zip 33629-8195	Country HILLSBOROUGH	28 Zip 33629-8195	Country HILLSBOROUGH
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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**KRUSEN, W. ANDREW
2909 BAY TO BAY BLVD.
SUITE 200
TAMPA FL 33629**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2907 Bay to Bay Blvd.
83 Suite 200
84 City Tampa, FL
85 Zip Code 33629-8195

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D KRUSEN, W A JR
STREET ADDRESS	2909 BAY TO BAY BLVD.
CITY - ST - ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE
NAME	PD MEYJES, PAMELA K
STREET ADDRESS	1430 NO LAKE SHORE DR, APT 19
CITY - ST - ZIP	CHICAGO IL
TITLE	<input type="checkbox"/> DELETE
NAME	D KRUSEN, W A SR
STREET ADDRESS	2909 BAY TO BAY BLVD.
CITY - ST - ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE
NAME	D KRUSEN, CHARLES B
STREET ADDRESS	200 E 72 STR, APT 10M
CITY - ST - ZIP	NEW YORK NY
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	2907 Bay to Bay Blvd.
1.3 STREET ADDRESS	Suite 200
1.4 CITY - ST - ZIP	Tampa, FL 33629-8195
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	2907 Bay to Bay Blvd.
3.3 STREET ADDRESS	Suite 200
3.4 CITY - ST - ZIP	Tampa, FL 33629-8195
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 do 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: **W. A. KRUSEN** 0205-97 813837-3009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)