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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT	#
Corporation Name	

L57982

(5)

VALMARON, INC.

Principal Place of Business	Mailing Address
16891 JUPITER FARMS RD.	16891 JUPITER FARMS RD.
JUPITER FL 33478	JUPITER FL 33478



Jupiter FL 33	r Farms RD. 3478	16891 JUPITER FARMS JUPITER FL 33478	S RD.		3. Date Incorporated or Qualified 03/12/1990	3a. Date of La	
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-2994686		Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.		·	5. Certificate of Status Desired	11 77	3.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	11	5.00 May Be Added to Fees
23	Country	28 Zip	Count	γ	8. This corporation has liability for	intangible tax und	ders 199.032,
Zip 24	25	29	30	•	Florida Statutes Yes	□No	
241	9. Name and Address of Current				10. Name and Address of New F	tegistered Ager	nt
			8	1 Name			
	, GEERTRUIDA ELSJE		8	2 Street Add	ress (P.O. Box Number is Not Acceptat	ole)	
	upiter farms RD. FL 33478		8	3			
				4 City	oration submits this statement for the pu and of directors. I hereby accept the app	FL 85	1 '
SIGNATURE _	Signature, typed or printed name of registered agent a OFFICERS AND		IOTE: Registered A	gent signature requir	ud when resistating) ADDITIONS/CHANGES TO OFF	DATE FICERS AND DIR	
12.	OTTIOE TO THE						
TITLE	D.	DELETE	1, 1 T(T)	E		CI	hange
TITLE NAME	D Bellew, Geertruida elsje	_	1, 1 T(T) 1,2 NAN			<u> </u>	hange 🔲 Addition
NAME	BELLEW, GEERTRUIDA ELSJE	_	1.2 NAM			<u> </u>	nange 🔲 Addition
NAME STREET ADDRESS	. •		1.2 NAA 1.3 STR	ie i		_	
NAME	BELLEW, GEERTRUIDA ELSJE 16891 JUPITER FARMS RD.	_	1.2 NAA 1 3 STR 1.4 CITY 2 1 TIT	eet address (-st-zip	Reinell Win		
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14. I do horeby 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 shanged, or on an attachment with an address.

4/15/96 407-746.8229