

**FILED**  
**May 15, 1999 8:00 am**  
**Secretary of State**

05-15-1999 90012 023 \*\*\*\*61.25

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N93000005447**

1. Corporation Name

**SPRING VALLEY POA**

551406-90012-23

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 **Continental Group**

Suite, Apt. #, etc.

22 City & State

23 **Hollywood, Fl.**

Zip Country

24 **33020 USA**

2a. Mailing Address

26 **2950 N. 28th Terrace**

Suite, Apt. #, etc.

27 City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

**December 3, 1993**

4. FEI Number

**650467076**

Applied For

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**

9. Name and Address of Current Registered Agent

**HARVEY GLASER**  
**C/O: THE CONTINENTAL GROUP, LTD.**  
**2950 N 28th Terrace**  
**Hollywood, Fl. 33020**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PRESIDENT**  DELETE  
 NAME **JERRY CRISTODERO**  
 STREET ADDRESS **16392 NW 11 St.**  
 CITY-ST-ZIP **Pembroke Pines, Fl. 33028**

TITLE **SECRETARY/TREASURER**  DELETE  
 NAME **CARAN GOODE**  
 STREET ADDRESS **16620 NW 1 St.**  
 CITY-ST-ZIP **Pembroke Pines, Fl. 33028**

TITLE **DIRECTOR**  DELETE  
 NAME **LEE KOYLES**  
 STREET ADDRESS **2399 NW 160 Terrace**  
 CITY-ST-ZIP **Pembroke Pines, Fl. 33028**

TITLE **DIRECTOR**  DELETE  
 NAME **HARRIS KLEIN**  
 STREET ADDRESS **16336 NW 11 Street**  
 CITY-ST-ZIP **Pembroke Pines, Fl. 33028**

TITLE **DIRECTOR**  DELETE  
 NAME **IRA LISS**  
 STREET ADDRESS **1319 NW 161 Avenue**  
 CITY-ST-ZIP **Pembroke Pines, Fl. 33028**

TITLE **DIRECTOR**  DELETE  
 NAME **DAWN PRENTICE**  
 STREET ADDRESS **16588 NW 17 Street**  
 CITY-ST-ZIP **Pembroke Pines, Fl. 33028**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DIRECTOR**  Change  Addition  
 1.2 NAME **JERRY ESCOTO**  
 1.3 STREET ADDRESS **1420 NW 161 Avenue**  
 1.4 CITY-ST-ZIP **Pembroke Pines, Fl. 33028**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jerry Cristodero*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/99** **934 443-2028**  
 Date Daytime Phone #