SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P93000058051 (2)**

1. Corporation Name
VALUE REALTY, INC.

Principal Place of Business	Mailing Address
6400 NORTH ANDREWS AVENUE SUITE 1 FT. LAUDERDALE FL 33309	6400 NORTH ANDREWS AVENUE SUITE 1 FT. LAUDERDALE FL 33309

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

3. Date Incorporated or Qualified: 08/18/1993
3a. Date of Last Report: 06/14/1995
4. FEI Number: 65-0571953 ☐ 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
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BOOTH, RICHARD C ESQ
1562 PROCTOR STREET
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name: Ralph P. Muller
82 Street Address (P.O. Box Number is Not Acceptable): 6400 N. Andrews Avenue, St 200
83
84 City: Ft. Lauderdale FL 85 Zip Code: 33309

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 ________ Ralph P. Muller 8/6/96
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	PD	☐ DELETE
NAME	MILLER, RALPH	
STREET ADDRESS	6400 N. ANDREWS AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	VD	☐ DELETE
NAME	FIVES, WILLIAM	
STREET ADDRESS	6400 N. ANDREWS AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	SD	☐ DELETE
NAME	CARDIN, JERRY	
STREET ADDRESS	6400 N. ANDREWS AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	TD	☐ DELETE
NAME	CRAWFORD, ROBERT	
STREET ADDRESS	6400 N. ANDREWS AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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		

CR2E034 (3/96)

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 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.

SIGNATURE: ________ Ralph P. Muller @ President 8/6/96 954/351-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #