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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000021325 (3)**

1. Corporation Name

VALUE ADDED, INC.

Principal Place of Business	Mailing Address
200 EAST ROBINSON STREET SUITE 500 ORLANDO FL 32801	200 EAST ROBINSON STREET SUITE 500 ORLANDO FL 32801

3. Date Incorporated or Qualified: **03/14/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 7040 LAKE ELLENOR DR
Suite, Apt. #, etc.
22 SUITE 100
City & State
23 ORLANDO, FL
Zip 24 32809 Country 25

2a. Mailing Address
26 7040 LAKE ELLENOR DR
Suite, Apt. #, etc.
27 SUITE 100
City & State
28 ORLANDO, FL
Zip 29 32809 Country 30

4. FEI Number: **59-3247596** ☐ 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

FLA. CORP. SUPPORT ,
200 EAST ROBINSON STREET
SUITE 500
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: LIONEL EPSTEIN
82 Street Address (P.O. Box Number is Not Acceptable): 7040 LAKE ELLENOR DR SUITE 100
83
84 City: ORLANDO FL 85 Zip Code: 32809

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: Lionel Epstein — DATE: 2/22/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EPSTEIN, LIONEL 200 EAST ROBINSON STREET, SUITE 500 ORLANDO FL 32801 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D LIONEL EPSTEIN 7040 LAKE ELLENOR DR SUITE 100 ORLANDO, FL 32809 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EPSTEIN, ETTA 200 EAST ROBINSON STREET, SUITE 500 ORLANDO FL 32801 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D ETTA EPSEEIN 7040 LAKE ELLENOR DR SUITE 100 ORLANDO, FL 32809 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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)(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: Lionel Epstein — 2/22/96 — 240-2040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #