

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

FILED

May 08 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 # **P94000021325 (3)**

1. Corporation Name
VALUE ADDED, INC.

Principal Place of Business

7040 LAKE ELLENOR DRIVE
SUITE 100
ORLANDO FL 32809
US

Mailing Address

7040 LAKE ELLENOR DRIVE
SUITE 100
ORLANDO FL 32809-5764
US



2. Principal Place of Business

21 **7754 Bardmoor Hill Cir**
Suite, Apt. #, etc.

2a. Mailing Address

26 **7754 Bardmoor Hill Cir**
Suite, Apt. #, etc.

City & State

23 **Orlando, FL**

City & State

28 **Orlando, FL**

Zip

24 **32835**

Country

25 **Orange**

Zip

29 **32835**

Country

30 **Orange**

9. Name and Address of Current Registered Agent

EPSTEIN, LIONEL
7040 LAKE ELLENOR DRIVE
SUITE 100
ORLANDO FL 32809

3. Date Incorporated or Qualified

03/14/1994

3a. Date of Last Report

02/27/1996

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

10. Name and Address of New Registered Agent

81 Name

EPSTEIN, LIONEL

82 Street Address (P.O. Box Number is Not Acceptable)

7754 BARDMOOR HILL CIRCLE

83

84 City

ORLANDO

FL

85 Zip Code

32835

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/97

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **EPSTEIN, LIONEL**
STREET ADDRESS **7040 LAKE ELLENOR DR STE 100**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE
NAME **EPSEIN, ETTA**
STREET ADDRESS **7040 LAKE ELLENOR DRIVE STE 100**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **D** ☒ Change ☐ Addition
1.2 NAME **EPSTEIN, LIONEL**
1.3 STREET ADDRESS **7754 BARDMOOR HILL CIRCLE**
1.4 CITY-ST-ZIP **ORLANDO, FL 32835**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **EPSTEIN, ETTA**
2.3 STREET ADDRESS **7754 BARDMOOR HILL CIRCLE**
2.4 CITY-ST-ZIP **ORLANDO, FL 32835**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/97 5215511

Date

Daytime Phone *

0089832

CR2E034 (9/96)