

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JAMES B. MATHIAS
Secretary of State
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
AND
FILED

95 MAY -1 PM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P94000029738 (9)**

1. Corporation Name
VALENTIN, INC.

Principal Place of Business

8511 WENDY LN N
WEST PALM BEACH FL 33411

Mailing Address

8511 WENDY LN N
WEST PALM BEACH FL 33411

3. Date Incorporated or Qualified **04/14/1994** 3a. Date of Last Report **1st Report**

4. FEI Number **65-0493242** 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 information fees under § 192.002, Florida Statutes Yes No

2. Principal Place of Business

21. **6346 Lantana Rd.**

State Apt # etc

22. **Suite 64**

City & State

23. **Lake Worth, FL.**

Zip

24. **33463**

25. **Palm Beach**

2a. Mailing Address

26. **6346 Lantana Rd.**

State Apt # etc

27. **Suite 64**

City & State

28. **Lake Worth, FL.**

Zip

29. **33463**

30. **Palm Beach**

9. Name and Address of Current Registered Agent

WHALEN, TIMOTHY L
400 AUSTRALIAN AVE S
SUITE 850
WEST PALM BEACH FL 33401

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 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0502, Florida Statutes.

SIGNATURE

Signature of Agent (Type and Print Name of Agent) (Type and Print Name of Agent)

Signature of Officer or Director (Type and Print Name of Officer or Director)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HAWRYLUK, MARCELO
STREET ADDRESS	8511 WENDY LN N
CITY & ZIP	WEST PALM BEACH FL 33411
TITLE	VSD
NAME	HAWRYLUK, SANDRA
STREET ADDRESS	8511 WENDY LN N
CITY & ZIP	WEST PALM BEACH FL 33411
TITLE	T
NAME	HAWRYLUK, VALENTIN
STREET ADDRESS	8511 WENDY LN N
CITY & ZIP	WEST PALM BEACH FL 33411
TITLE	AS
NAME	HAWRYLUK, NORMA
STREET ADDRESS	8511 WENDY LN N
CITY & ZIP	WEST PALM BEACH FL 33411
TITLE	
NAME	
STREET ADDRESS	
CITY & ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY & ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY & ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY & ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY & ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY & ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and valid, for the exceptions stated in Section 119.071(1)(b), Florida Statutes. I further certify that the information made effect on this filing is a request for replacement of annual report of this corporation and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of this corporation at the time of the filing of this report and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this change or cancellation report with an address.

SIGNATURE: *Sandra Hawryluk* SANDRA HAWRYLUK

4-18-95 407-966-9565