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

PROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE:

P94000040499 (3)

DOCUMENT #

1. Corporation Name

THE VALENTINES & ASSOCIATES, INC.

Principal Place of Business Mailing Address 2922 S.W. SANTA BARBARA PLACE CAPE CORAL FL 33914 Mailing Address 2922 S.W. SANTA BARBARA PLACE CAPE CORAL FL 33914							
						3. Date Incorporated or Qualified 05/25/1994	3a. Date of Last Report 10/03/1995
2. Principal P	lace of Business	1	2a. Mailing Address			4. FE1 Number APPLIED FOR	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	, etc.			5. Certificate of Status Desired	\$8.75 Additional
22	The second secon	27				5. Certificate of Status Desired	Fee Required
City & Stat	e	Orty & State				6. Election Campaign Financing	\$5.00 May Be
23] Z ip	Country	28 Zip		Country		Trust Fund Contribution 8. This corporation has liability for it	Added to Fees
24]	25	29	30	Coontry		Florida Statutes Yes	-
<u>L</u>	9. Name and Address of Cui				•	10. Name and Address of New R	egistered Agent
				81	Name		
	INE, CONNIE S			82	Street Addr	ess (P.O. Box Number is Not Acceptable	<u>c)</u>
	W. SANTA BARBARA PLACE ORAL FL 33914						
CAPE C	URAL PL 33914			83			
				84	City		FL 85 Zip Code
SIGNATUFIE 12. THE NAME SEMEEL ADDRESS CITY: \$1-ZIP	OFFICERS D VALENTINE, MICHAEL J 2922 S.W. SANTA BARBAI CAPE CORAL FL 33914	AND DIRECTORS DEL	EIE	13. 1. 1 THE 1.2 NAME 1.3 STREET 1.4 CITY-S	ADORESS	ல என்னின் ADDITIONS/CHANGES TO OFFI	☐ Change ☐ Addition
OTLE NAME STREET ADDRESS OTTY-ST-ZIP	VALENTINE, CONNIE S 2922 S.W. SANTA BARBAI CAPE CORAL FL 33914			2 1 THEF 22 NAME 23 STREET 24 CHY-S			Change Addition
TITLE NAME STREET ADDRESS DITY+ST-ZIP	VALENTINE, MATTHEW R 2922 S.W. SANTA BARBAI CAPE CORAL FL 33914	RA PLACE		3 1 TITLE 32 NAME 33 STREET 34 CHY S			Change Addition
TITLE NAME S!HEET ADDRESS CITY-ST-ZIP		□ D£v	ETE	4 1 THILE 42 NAME 43 STREE? 44 CITY - S			☐ Change ☐ Addit-on
TITLE NAME STREET ADDRESS		[] DEL	ETE	5 1 TITLE 5 2 NAME 5 3 STREET			Change Addition
CITY - ST - ZIP TITLE NAME STHEE! ADDRESS	V # 1 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ DEt		5 4 CITY - S 6 1 TITLE 6.2 NAME 6.3 STREET			Change Addition
certify tha oath; that	t the information indicated on this a	innual report or suppleme riporation or the receiver	arily furnished inta' annual rep or trustee emp	ort is tru	not qualify for	or the exemption stated in Section 119.0 te and that my signature shall have the s report as required by Chapter 607, Flo	sanie legal effect as if made under

4-1-96 1-941-772-736