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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90209 041 \*\*\*150.00

DOCUMENT	#	P95000000489
<ol> <li>Corporation Name</li> </ol>		. 00000000 .00

VALTENIA	APRISES, INC.				
Principal Place	e of Business	Mailing Address			BILL BRIEF BIRRE I BILL SREE I BA
8618 FORDHAM	ST	8618 FORDHAM ST			
FT MYERS FL 33907 FT MYERS FL 33907			DO NOT WRITE IN THIS	SPACE	
US		US		3. Date ir corporated or Qualifed	
ļ				01/03/1995	
2. Principa Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0553479	Not Applicable
Suite, Ant.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		3. Certificate of Status Desired	Fee Recuired
City & State	8	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year into	
24	25	29 3	0	Personal Property Tax.	Yes No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registered	Agent
8618 FT M	ENTA, LINDA J FORDHAM ST IYERS FL 33907  to the provisions of Sections 607,050	2 and 607.1508, Florida Statu:es	84 City	ress (P.O. Box Number is Not Acceptable)  F Logration submits this statement for the purpose of on's board of cirectors. I hereby accept the appointment of the purpose of the purpose of the appointment of the app	85 Zip Code  changing its registered
office or re agent, at SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was additions of, Section 607.0505, Florid	la Statutes.		and do registered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOT) R	egistered Agent signature require		
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
TITLE	Р	☐ DELETE	1.1 TITLE		
NAME	VALENTA, LINDA J		1.2 NAME	ypo - FORDHAM ST	
STREET ADDRE 3S	8618 FRODHAM ST			TORONING DI	
CITY-ST-ZIP	FT MYERS FL 33907	☐ DELETE	1.4 CITY-ST-ZIP	<del></del>	Change Addition
TITLE	V	☐ DEFE IE	2.1 TITLE		
NAME	VALENTA, ROBERT J		2.2 NAME		
STREET ADDRE 3S	8618 FORDHAM ST		2.3 STREET ADDRESS		<b>f</b>
CITY-ST-ZIP	FT MYERS FL 33907	D€LETE	2.4 CITY-ST-ZIP		Change Addition
TITLE		_ >=====	3.2 NAME		
NAME			3 3 STREET ADDRESS		
STREET ADORE SS			3.4. CITY-ST-ZIP		
CITY-ST-ZIP			4.1 TITLE		☐ Change ☐ Addition
_ ··· ==					1

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I 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 contributes 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, with a lother like empowered.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADORE: S

CITY-ST-ZIP

CITY-ST-ZIP

INDA J. Valenta

Change

Change

Addition

☐ Addition