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

DOCUMENT # P95000053206

1. Corporation Name

VALENTE HOLDINGS CORPORATION, INC.

Principal Place of Business Mailing Address						. 81 81189 11118 15811 8	.0410 0511 5001
		1501 GULF DRIVE NORTH BRADENTON FL 34217			DO NOT WRITE IN TH	IIS SPACE	
					3. Date Incorporated or Qualifed		
					07/05/1995		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	App	olied For
21	•	26			65-0598684	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		-	5. Certifcate of Status Desired	\$8.75 A	
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the current year		
24	25	29 30	o		Personal Property Tax.		□No
	9. Name and Address of Curren	t Registered Agent	81 Nar		10. Name and Address of New Registere	d Agent	
				me			
VALENTE, JAMES R 1501 GULF DRIVE NORTH			82 Stre	eet Addre	ss (P.O. Box Number is Not Acceptable)		
BRADENTON FL 34217			83				
51174	DENTON LE 04217		63				
<u> </u>			84 City	у	F	85 Zip C	ode
office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	norized by the o	ned corpor corporation	ration submits this statement for the purpose 's board of directors. I hereby accept the app	of changing its a pointment as reg	registered pistered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re	egistered Agent signat	ture required			
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	P\$ 1	☐ DELETE	1.1 TITLE	ĺ		Change	☐ Addition
NAME	VALENTE, JAMES R		1.2 NAME	ľ			
STREET ADDRESS	THE TRUBE TO THE TIME TO THE T		1.3 STREET ADDRI	ESS			
CITY-ST-ZIP	BRADENTON BEACH FL 34217		1.4 CITY-ST-ZIP			E 05	And Addition
TITLE !	5	☐ DELETE	2.1 TITLE	S	* 1 - 1 - 1	Change	[X] Addition
NAME	Citorera Hitle		2.2 NAMÉ	GI	orla Miller		
STREET ADDRESS	15016		2.3 STREET ADDRI	ESS SC	DIGULF Drive 110.	Comme	12.
CITY-ST-ZIP		☐ DELETE	2.4 CITY-ST-ZIP	120	RADENTON BEYNEH -	Change	Addition
TITLE		☐ DELETE	3.1 TITLE 3.2 NAME			ondingo	
NAME				500			
STREET ADDRESS			3.3 STREET ADOR	E55			
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	_		Change	Addition
NAME			4. 2 NAME				
			4.3 STREET ADOR	ESS			
STREET ADORESS			4.4 CITY-ST-ZIP				
CITY-ST-ZIP		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
CTDEET ADDRESS			5.3 STREET ADDR	ESS			,

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 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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90070 006 ***150.00

☐ Addition