

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

**FILED**  
**Jun 17 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra R. Northam**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P95000060124 (1)**  
 1. Corporation Name  
**THE VALENTINE BROTHERS, INC.**



Principal Place of Business: **3809 SW 20TH PL, CAPE CORAL FL 33914**  
 Mailing Address: **3809 SW 20TH PL, CAPE CORAL FL 33914**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 11440 Metro Pkwy		26 11440 Metro Pkwy		08/03/1995	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 Ft. Myers, FL		28 Ft. Myers, FL		65-0596039	
24 33912		29 33912		Applied For	
25 USA		30 USA		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	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.				Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
VALENTINE, RONNIE R 3809 SW 20TH PL CAPE CORAL FL 33914				81 Name: <b>Michael J. Valentine</b>			
Rekte				82 Street Address (P.O. Box Number is Not Acceptable): 11440 Metro Pkwy			
				83 Suite, Apt. #, etc.: W/H 1			
				84 City: <b>Ft. Myers</b> FL 85 Zip Code: <b>33912</b>			

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]* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D VALENTINE, MICHAEL	1.1 TITLE	President
STREET ADDRESS	2911 SW SANTA BARBARA PL	1.2 NAME	MICHAEL J. VALENTINE
CITY-ST-ZIP	CAPE CORAL FL 33914	1.3 STREET ADDRESS	11440 Metro Pkwy W/H 1
TITLE	D VALENTINE, RONNIE	1.4 CITY-ST-ZIP	Ft. Myers FL 33912
STREET ADDRESS	3809 SW 20TH PL	2.1 TITLE	V.P.
CITY-ST-ZIP	CAPE CORAL FL 33914	2.2 NAME	MATTHEW R. VALENTINE
TITLE	V LELEUX, DANNY	2.3 STREET ADDRESS	11440 Metro Pkwy W/H 1
STREET ADDRESS	202 SE 19TH LN	2.4 CITY-ST-ZIP	Ft. Myers FL 33912
CITY-ST-ZIP	CAPE CORAL FL	3.1 TITLE	
TITLE	V VALENTINE, MATT	3.2 NAME	
STREET ADDRESS	2937 SW 10TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	
STREET ADDRESS		5.1 TITLE	
CITY-ST-ZIP		5.2 NAME	
TITLE		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP		6.1 TITLE	
TITLE		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE: *[Signature]* 4-10-98

CR2E034 (10/97)