SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000060875 (8)**

1. Corporation Name
VALET ENTERPRISE, INC.

Principal Place of Business	Mailing Address
444 LAKEVIEW DRIVE OLDSMAR FL 34677	P.O. BOX 353 OLDSMAR FL 34677

3. Date Incorporated or Qualified: 08/07/1995
3a. Date of Last Report: n/1

2. Principal Place of Business	2a. Mailing Address
21 45 Greenhaven Trail	26 P.O. Box 353
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Oldsmar, Fl	28 City & State: Oldsmar, Fl.
24 Zip: 34677 25 Country: USA	29 Zip: 34677 30 Country: U.S.A.

4. FEI Number: 59-3333091 ☐ 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 intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KAUFMANN, BRUCE G
11151 - 66TH STREET NORTH
SUITE 401
LARGO FL 34643

10. Name and Address of New Registered Agent

81 Name: Helen Wilby
82 Street Address (P.O. Box Number is Not Acceptable): 45 Greenhaven Trail
83: Oldsmar, Fl.
84 City: FL 85 Zip Code: 34677

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: Helen M. Wilby Helen M. Wilby, officer Aug 14, 1996
Signature, typed or printed name of registered agent and date, if applicable (NOTE: Registered Agent signature required when reinstating)
Jason A. Wilby, OWNER Aug 3, 1996

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILBY, JASON 444 LAKEVIEW DRIVE OLDSMAR FL 34677	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	Wilby, Jason 45 Greenhaven Trail Oldsmar, Fl. 34677	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILBY, EDWARD 444 LAKEVIEW DRIVE OLDSMAR FL 34677	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILBY, HELEN 444 LAKEVIEW DRIVE OLDSMAR FL 34677	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	Wilby, Helen 45 Greenhaven Trail Oldsmar, Fl. 34677	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Helen Wilby Helen Wilby July 17, 1996 813-786-8250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #