

FILED
May 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000084239

1. Corporation Name

VAL MARC, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 4898 S. Kirkman Rd		26 4898 S. Kirkman Rd		Nov. 2, 1995		Nov. 2, 1995	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 Orlando, Florida		28 Orlando, Florida		59-3411339		Not Applicable	
24 Zip 32811		29 32811		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
25 Country		30 US		6. Election Campaign Financing		\$5.00 May Be Added to Fees	
				Trust Fund Contribution			
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes ☐ No ☐	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81 Name WALTER SPECOLI			
				82 Street Address (P.O. Box Number is Not Acceptable) 2927 Rio Grande Trail			
				83			
				84 City Kissimmee FL 85 Zip Code 34741			

11. Pursuant to the provisions of Sections 607.2602 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 of person or persons authorized to sign this statement

(If all registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME		12 NAME	President/Treasurer
STREET ADDRESS		13 STREET ADDRESS	Walter Specoli
CITY - ST - ZIP		14 CITY - ST - ZIP	2927 Rio Grande Trail
TITLE	☐ DELETE	15 CITY - ST - ZIP	Kissimmee, FL 34741
NAME		16 TITLE	V-P Secretary
STREET ADDRESS		17 NAME	Giuseppina Moricone
CITY - ST - ZIP		18 STREET ADDRESS	7644 Apple Tree Circle
TITLE	☐ DELETE	19 CITY - ST - ZIP	Orlando, FL 32819
NAME		20 CITY - ST - ZIP	
STREET ADDRESS		21 TITLE	
CITY - ST - ZIP		22 NAME	
TITLE	☐ DELETE	23 STREET ADDRESS	
NAME		24 CITY - ST - ZIP	
STREET ADDRESS		25 TITLE	
CITY - ST - ZIP		26 NAME	
TITLE	☐ DELETE	27 STREET ADDRESS	
NAME		28 CITY - ST - ZIP	
STREET ADDRESS		29 TITLE	
CITY - ST - ZIP		30 NAME	
TITLE	☐ DELETE	31 STREET ADDRESS	
NAME		32 CITY - ST - ZIP	
STREET ADDRESS		33 TITLE	
CITY - ST - ZIP		34 NAME	
TITLE	☐ DELETE	35 STREET ADDRESS	
NAME		36 CITY - ST - ZIP	
STREET ADDRESS		37 TITLE	
CITY - ST - ZIP		38 NAME	
TITLE	☐ DELETE	39 STREET ADDRESS	
NAME		40 CITY - ST - ZIP	
STREET ADDRESS		41 TITLE	
CITY - ST - ZIP		42 NAME	
TITLE	☐ DELETE	43 STREET ADDRESS	
NAME		44 CITY - ST - ZIP	
STREET ADDRESS		45 TITLE	
CITY - ST - ZIP		46 NAME	
TITLE	☐ DELETE	47 STREET ADDRESS	
NAME		48 CITY - ST - ZIP	
STREET ADDRESS		49 TITLE	
CITY - ST - ZIP		50 NAME	
TITLE	☐ DELETE	51 STREET ADDRESS	
NAME		52 CITY - ST - ZIP	
STREET ADDRESS		53 TITLE	
CITY - ST - ZIP		54 NAME	
TITLE	☐ DELETE	55 STREET ADDRESS	
NAME		56 CITY - ST - ZIP	
STREET ADDRESS		57 TITLE	
CITY - ST - ZIP		58 NAME	
TITLE	☐ DELETE	59 STREET ADDRESS	
NAME		60 CITY - ST - ZIP	
STREET ADDRESS		61 TITLE	
CITY - ST - ZIP		62 NAME	
TITLE	☐ DELETE	63 STREET ADDRESS	
NAME		64 CITY - ST - ZIP	
STREET ADDRESS		65 TITLE	
CITY - ST - ZIP		66 NAME	
TITLE	☐ DELETE	67 STREET ADDRESS	
NAME		68 CITY - ST - ZIP	
STREET ADDRESS		69 TITLE	
CITY - ST - ZIP		70 NAME	
TITLE	☐ DELETE	71 STREET ADDRESS	
NAME		72 CITY - ST - ZIP	
STREET ADDRESS		73 TITLE	
CITY - ST - ZIP		74 NAME	
TITLE	☐ DELETE	75 STREET ADDRESS	
NAME		76 CITY - ST - ZIP	
STREET ADDRESS		77 TITLE	
CITY - ST - ZIP		78 NAME	
TITLE	☐ DELETE	79 STREET ADDRESS	
NAME		80 CITY - ST - ZIP	
STREET ADDRESS		81 TITLE	
CITY - ST - ZIP		82 NAME	
TITLE	☐ DELETE	83 STREET ADDRESS	
NAME		84 CITY - ST - ZIP	
STREET ADDRESS		85 TITLE	
CITY - ST - ZIP		86 NAME	
TITLE	☐ DELETE	87 STREET ADDRESS	
NAME		88 CITY - ST - ZIP	
STREET ADDRESS		89 TITLE	
CITY - ST - ZIP		90 NAME	
TITLE	☐ DELETE	91 STREET ADDRESS	
NAME		92 CITY - ST - ZIP	
STREET ADDRESS		93 TITLE	
CITY - ST - ZIP		94 NAME	
TITLE	☐ DELETE	95 STREET ADDRESS	
NAME		96 CITY - ST - ZIP	
STREET ADDRESS		97 TITLE	
CITY - ST - ZIP		98 NAME	
TITLE	☐ DELETE	99 STREET ADDRESS	
NAME		100 CITY - ST - ZIP	

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 199.03(3)(d), 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:

Giuseppina Moricone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/30/98

297-6666

PRINTED NAME

CR2E034 (3/96)