PROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
May 26 1998 8:00am
Secretary of State

[redacted]

DOCUMENT # P95000084239

1. Corporation Name

VAL MARC, INC.

Principal Place of Business | Mailing Address

3. Date Incorporated or Qualified: Nov. 2, 1995
3a. Date of Last Report:

2. Principal Place of Business
21 4898 S. Kirkman Rd
Suite, Apt #, etc.
22
City & State
23 Orlando, Florida
Zip / Country
24 32811 | 25

2a. Mailing Address
26 4898 S. Kirkman Rd
Suite, Apt #, etc.
27
City & State
28 Orlando, Florida
Zip / Country
29 32811 | 30 US

4. FEI Number: 59-3411339 ☐ 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

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 607.0502 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] 4/30/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/Treasurer	☐ Change ☐ Addition
1.2 NAME	Walter Specoli	
1.3 STREET ADDRESS	2927 Rio Grande Trail	
1.4 CITY-ST-ZIP	Kissimmee, Fl. 34741	
2.1 TITLE	V-P/Secretary	☐ Change ☐ Addition
2.2 NAME	Giuseppina Moricone	
2.3 STREET ADDRESS	7644 Apple Tree Circle	
2.4 CITY-ST-ZIP	Orlando, Fl. 32819	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	400002535584	☐ Change ☐ Addition
4.2 NAME	-05/26/98--01057--044	
4.3 STREET ADDRESS	***150.00	
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(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: Giuseppina Moricone 4/30/98 297-6666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #