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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

| DOCUMENT 1. Corporation Name | # P95000089693 | (2) |
|---------------------------------|----------------|-----|

VALHALLOW, INC.

FILED May 14 1997 8:00am Secretary of State

| Principal Place 7552 CONGRES NEW PORT RIC | SS. SUITE 3 | Mailing Address 7552 CONGRESS. SUITE 3 NEW PORT RICHIE FL 3465 | i3-1106 | | | |
|--|---|--|---|--|--|-------------------------------------|
| | | | | | Date of Last P 07/05/1996 | leport |
| 2. Principal P | ace of Business | 2s. Mailing Address | | 4, FEI Number | Ar | plied For |
| Suite, Apt | # oto | 26 Suite, Apt. #, etc. | | 59-3349278 | | ot Applicable Additional |
| SUT | | 27 SUITE | 1 | 5. Certificate of Status Desired | T TT T | equired |
| City & State | | City & State | | 6. Election Campaign Financing | | May Be |
| 3] Ζφ | Country | | Country | Trust Fund Contribution | | to Fees |
| 4) | 25 | ├── ┐ ` | 30 | 8. This corporation has liability for intan | igible tax unders es ∷ No | . 199.032, |
| | 9, Name and Address of (| | | 10. Name and Address of New Registe | | |
| MITC | HELL, CAROL A | | 81 Name | | | |
| 7552 | CONGRESS ST STE 1 | | 82 Street Add | dress (P.O. Box Number is Not Acceptable) | ., | |
| | PIDGE ROAD, BUTTE-1 | | 83 | | | |
| NEW | PORT RICHEY FL 34653 | | 9 | | | <u></u> |
| | | | B4 City | | FI 85 Zip | Code |
| CICNIATI IDE | | | rida Statutes. | rporation submits this statement for the purporation's board of directors. I hereby accept the | | |
| SIGNATURE | Signature Typed or printed name of regist | | rida Statutes. Registered Agent signature requirements. | | ATE | |
| SIGNATURE | Signature Typed or printed name of regist OFFICEF | terrid agent and title if applicable. (NOTE | : Registered Agent signature req | uired when renstating) D | ATE | RS IN 12 |
| SIGNATURE: 12. TITLE NAME | Signature typed or pented name of regist OFFICEF D DUNCAN, VALERIE | nared agont and title if applicable (NOTE RS AND DIRECTORS DELETE | Registered Agent signature requirements 13. 1.1 TITLE 1.2 NAME | uired when renstating) D | ATE S AND DIRECTOR | RS IN 12 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS | Signature typed or profited name of regist OFFICEF D DUNCAN, VALERIE 7552 CONGRESS, SUITE | Inrid agont and title if applicable (NOTE RS AND DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | uired when renstating) D | ATE S AND DIRECTOR | RS IN 12 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature typed or prented name of regist OFFICEF D DUNCAN, VALERIE 7552 CONGRESS, SUITE NEW PORT RICHIE FL 34 | tered agent and title if applicable. (NOTE RS AND DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | uired when renstating) D | ATE S AND DIRECTOR | RS IN 12 |
| SIGNATURE 12. THE NAME STREET ADDRESS | D DUNCAN, VALERIE 7552 CONGRESS, SUITE NEW PORT RICHIE FL 34 | Inrid agont and title if applicable (NOTE RS AND DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | uired when renstating) D | ATE S AND DIRECTOR Change | RS IN 12 |
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4. If do 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 697, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CICNATURE

NATURE AND TYPES ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0/91 8/3-845-810.