


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

FILED
Feb 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P96000006374 (8)	
1. Corporation Name FACE VALUE, INC.	
Principal Place of Business 2240 WOOLBRIGHT ROAD BOYNTON BEACH FL 33426	Mailing Address 2240 WOOLBRIGHT ROAD BOYNTON BEACH FL 33426-6332



2. Principal Place of Business 21 2240 Woolbright Rd Suite, Apt. #, etc. 22 Ste 406 City & State 23 Boynton Beach FL Zip 24 33426 Country 25 USA		2a. Mailing Address 26 2240 Woolbright Rd Suite, Apt. #, etc. 27 Ste 406 City & State 28 Boynton Beach, FL Zip 29 33426 Country 30 USA		3. Date Incorporated or Qualified 01/19/1996	3a. Date of Last Report 01/19/1996
4. FEI Number 65-0665482		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		10. Name and Address of New Registered Agent 81 Name Raymond W Davis 82 Street Address (P.O. Box Number is Not Acceptable) 2240 Woolbright Rd 83 Ste 406 84 City Boynton Beach FL 85 Zip Code 33426	
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 Raymond W Davis Raymond W Davis 2-5-97 <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, MARY A	1.2 NAME	
STREET ADDRESS	2536 SOUTHWEST 10TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, RAYMOND W	2.2 NAME	
STREET ADDRESS	2536 SOUTHWEST 10TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Raymond W Davis** **Raymond W Davis** **2-5-97** **561-735-3394**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)