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Apr 30 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 # P96000033300 (0)

1. Corporation Name  
CAL-VAL, INC.



Principal Place of Business  
10194 NW 47TH ST  
SUNRISE FL 33351

Mailing Address  
10194 NW 47TH ST  
SUNRISE FL 33351-7870

3. Date Incorporated or Qualified  
04/16/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 4747 N03 HILL ROAD  
Suite, Apt #, etc.

26 4747 N03 HILL ROAD  
Suite, Apt #, etc.

4. FEI Number  
65-0658122

Applied For  
Not Applicable

22 SUITE 16  
City & State

27 SUITE 16  
City & State

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

23 SUNRISE FL  
Zip Country

28 SUNRISE FL  
Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

24 33351  
Country

29 33351  
Country

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

ANDREW L. MANN, P.A.  
10001 W OAKLAND PARK BLVD  
SUITE 200  
SUNRISE FL 33351

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
PRESIDENT/DIRECTOR  
STEVEN WEISS  
7845 CLOVERFIELD CIRCLE  
BOCA RATON, FLA

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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: ✓

STEVEN WEISS, PRES  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0291006

CR2E034 (9/96)