## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE \$99/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Aug 10, 1999 8:00 am Secretary of State 08-10-1999 90017 045 \*\*\*150.00

**FILED** 

## **DOCUMENT #** P97000013286

VALUE PLUS REALTY CORP.

| Principal Place of Business | Mailing Address     |
|-----------------------------|---------------------|
| 361 OREGON LANE             | 361 OREGON LANE     |
| BOCA RATON FL 33487         | BOCA RATON FL 33483 |

|    |                            |                     |     |                     |      | DO NOT WRITE IN THIS SPACE |              |          |   |                                |     |
|----|----------------------------|---------------------|-----|---------------------|------|----------------------------|--------------|----------|---|--------------------------------|-----|
| 1  |                            |                     |     |                     |      |                            |              | 3.       | Date Incorporated or Qualified  |                                |     |
|    |                            | المناج بوراسوه      | -   | ,                   |      |                            |              | ļ.,      | 02/11/1997  |                                |     |
| 2. | Principal Place of Busin   | ness                | 2a. | Mailing Address     |      |                            |              | 4.       | FEI Number  | Applied F                      | For |
| 21 |                            |                     | 26  |                     |      |                            |              | <u>i</u> | <u>65-0737165</u>   | Not Appl                       |     |
| 22 | Suite, Apt. #, etc.        |                     | 27  | Suite, Apt. #, etc. |      |                            | -            | 5.       | Certificate of Status Desired   | \$8.75 Additio<br>Fee Required |     |
| 23 | City & State               |                     |     | City & State        |      |                            | <del></del>  | 6.       | Election Campaign Financing Trust Fund Contribution                     | \$5.00 May E<br>Added to Fee   |     |
| 24 | Zip                        | Country 25          |     | Zip                 | Cou  | ntry                       |              | 8.       | This corporation owes the current year<br>Intangible Personal Property. | Yes No                         |     |
|    | 9. Name                    | and Address of Curr |     | red Agent           | 1+=1 |                            |              | 10.      | Name and Address of New Registere                                       | d Agent                        |     |
|    |                            |                     |     |                     |      | 81                         | Name         |          |   |                                |     |
|    |                            | ett gravante mai    |     |                     |      | 82                         | Street Addre | ss (F    | P.O. Box Number is Not Acceptable)                                      |                                |     |
|    | one e. Brow<br>Ft. Lauderd | VARD BLVD., SUITE   | 620 |                     |      | 83                         |              |          |   | •                              | !   |
|    | , Diopeno                  |                     |     |                     |      | 84                         | City         |          | F   | 85 Zip Code                    |     |

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 re | aguired when reinstaling) DATE   |
| 12.            | OFFICERS AND DIRECTORS  | 13.                                  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| TITLE          | P DELETE  | 1.1 TITLE                            | Change Addition  |
| NAME           | FRIONE, LAURA   | 1.2 NAME                             |  |
| STREET ADDRESS | 361 OREGON LANE   | 1.3 STREET ADDRESS                   |  |
| CITY-ST-ZIP    | BOCA RATON FL 33487   | 1.4 CITY-ST-ZIP                      |  |
| TITLE          | S DELETE  | 2.1 TITLE                            | Change Addition  |
| NAME           | "FRIEON, FRANK"   | 2.2 NAME                             | and the second s |
| STREET ADDRESS | 361 OREGON LANE   | 2.3 STREET ADDRESS                   |  |
| CITY-ST-ZIP    | BOCA RATON FL 33487   | 2.4 CITY-ST-ZIP                      |  |
| TITLE          | DELETE  | 3.1 TITLE                            | Change Addition  |
| NAME           | ·   | 3.2 NAME                             |  |
| STREET ADDRESS |   | 3.3 STREET ADDRESS                   |  |
| CITY-ST-ZIP    |   | 3.4 CITY-ST-ZIP                      |  |
| TITLE          | DELETE  | 4.1 TITLE                            | Change Addition  |
| NAME           |   | 4.2 NAME                             |  |
| STREET ADDRESS |   | 4.3 STREET ADDRESS                   |  |
| CITY-ST-ZIP    |   | 4.4 CITY-ST-ZIP                      |  |
| TITLE          | DELETE  | 5.1 TITLE                            | Change Addition  |
| NAME           |   | 5.2 NAME                             |  |
| STREET ADDRESS |   | 5.3 STREET ADDRESS                   |  |
| CITY-ST-ZIP    |   | 5.4 CITY-ST-ZIP                      |  |
| TITLE          | DELETE  | 6.1 TITLE                            | Change Addition  |
| NAME           |   | 6.2 NAME                             |  |
| STREET ADDRESS |   | 6.3 STREET ADDRESS                   |  |
| CITY-ST-ZIP    |   | 6.4 CITY-ST-ZIP                      |  |

14. I 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;

August 8,1999

Division of Corporations
Annual Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

To Whom It May Concern:

Hello, my name is Laura Frione, I spoke to Carolyn at (850)488-9000. I informed her that I did not receive a notice other than this second notice stating that I haven't filed as of yet. She told me to send the \$150.00 with this note explaining my situation. I apologize, but I truly did not receive any other notice other than this one otherwise I would have sent it immediately. Thank you for your time on this matter.

Sincerely,

Laura Frione

Value Plus Realty Corp.