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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90143 001 ***150.00

DOCUMENT # P97000015396 1. Corporation Name

VALUE TRUST NO. 4. INC.

Principal Place of Business Mailing Address											
369 N. NEW YO WINTER PARK I		369 N. NEW YORK AVENUE WINTER PARK FL 32789				DO NOT WRITE IN THIS SPACE					
;							3. Date Incorporated or Qualifed 02/13/1997				
2. Principal P	ace of Business		2a, Mailing Address				4. FEI Number		App	olied For	
21			26				59-3427386	[Not	t Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired			dditional	
22			27				J. Consider of Clark Doomed	F	ee Red	quired	
City & State			City & State				6. Election Campaign Financing	•		May Be	
23			28				Trust Fund Contribution	_	dded to	o Fees	
Zip		Country	Zip	Cour	ıtry		8. This corporation owes the current year In	angible Ye		ΣΩNο	
24	25		<u> </u>	0			Personal Property Tax. 10. Name and Address of New Registered			QQ I VO	
_	9. Name an	d Address of Current	Registered Agent		81	Name	to. Haile and Address of New Pogisteres	- goin			
GRAHAM, JESSE E					82		ess (P.O. Box Number is Not Acceptable)				
369 N. NEW YORK AVENUE					82	Sileet Address (F.O. Box Number is Not Acceptable)					
WINTER PARK FL 32789					83						
~					84	City		FL 85 Zip Co			
		C 007 0E03	and CO7 1509 Florido Statutos	the ob		named coro	oration submits this statement for the nurnose of	chang	ina its	registered	
l office or n	egistered agent.	. or both. in the State o	f Florida. Such change was aut ons of, Section 607.0505, Florid	norizea	Dy 1	the corporatio	on's board of directors. I hereby accept the appo	ntmen	t as reg	jistered	
SIGNATURE							ducher reinstating) DATE				
						nt signature required	ADDITIONS/CHANGES TO OFFICERS A	JD DIF	RECTO	RS IN 12	
12.	DP	OFFICERS AND	DELETE	13.	F	~ ~~~	ADDITIONS/CHANGES TO CHATCE A		hange	Additio	
1	GRAHAM, JE	EGGE E	La Decere	1.2 NA			·				
NAME		YORK AVENUE, TH	IIRN FI NOR			ADDRESS					
STREET ADDRESS		RK FL 32789	III D I LOON	1.4 CIT		i					
CITY-ST-ZIP TITLE	V	WOLL OF 103	DELETE	2.1 TITI		<u> </u>		c	hange	☐ Additio	
NAME	GRAHAM, JI	ESSE E JR	_	2.2 NA							
STREET ADDRESS		YORK AVENUE, TH	IIRD FLOOR	2.3 STF	REET	T ADDRESS					
CITY-ST-ZIP		RK FL 32789	,	2. 4 CI				_			
TITLE	***************************************		☐ DELETE	3.1 TIT.				C	hange	Additio	
NAME			•	3.2 NA	ME						
STREET ADDRESS				3.3 ST	REET	T ADDRESS					
CITY-ST-ZIP	1			3.4. CI	ry-s	iT-ZIP	<u></u>				
TITLE			☐ DELETE	4.1 TIT				□¢	hange	☐ Additio	
NAME				4. 2 NA	ME						
STREET ADDRESS				4.3 ST	REET	T ADDRESS					

6.4 CITY-ST-ZIP 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 chapter 607, or on an attachment with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

TITLE

πιε

NAME

□ DELETE

DELETE

Change

Change

Addition

☐ Addition