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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000032896 (7) DOCUMENT #

**SOUTHERN VALENCIA CORPORATION** 

## FILED Jun 02 1998 8:00am Secretary of State



Principal Place of Business Mailing Address **802 TREMONT STREET** 602 TREMONT STREET SARASOTA FL 34242 SARASOTA FL 34242 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/09/1997 2. Principal Place of Business 2a. Mailing Address Applied For 45-0742942 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Country Ζip 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HARRELL, DONALD J 1776 RINGLING BOULEVARD 82 Street SARASOTA FL 34236 83 84 Saras 573 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 697.0505, Florida Statutes. Ju4 4504 **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE 1.1 THLE Change TITLE 1.2 NAME NAME STREET ADDRESS 1.3 STREET ADDRESS 1,4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 City-St-ZiP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition 5.1 TITUE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CHTY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET 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 of 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, of an an attachment with an address.