

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

FILED  
Apr 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S20246 (2)  
1. Corporation Name  
VALUCOMP, INC.



Principal Place of Business 5240 BANK ST #17 FT. MYERS FL 33907 US	Mailing Address 5240 BANK ST #17 FT. MYERS FL 33907-2110 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/20/1990	3a. Date of Last Report 04/27/1996
21	26	4. FEI Number 65-0235176	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/> * \$8.75 Additional Fee Required	
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	29 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25 Country	30 Country		

9. Name and Address of Current Registered Agent STOKES, CATHERINE E. 9233 CORAL ISLE WAY. FT. MYERS FL 33919		10. Name and Address of New Registered Agent	
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's signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	STOKES, CATHERINE E				
STREET ADDRESS	9233 CORAL ISLE WAY				
CITY-ST-ZIP	FT MYERS FL				
TITLE	CDVT	<input type="checkbox"/> DELETE			
NAME	STOKES, EARL R K				
STREET ADDRESS	9233 CORAL ISLE WAY				
CITY-ST-ZIP	FT MYERS FL				
TITLE	DV	<input checked="" type="checkbox"/> DELETE			
NAME	COCHRAN, JEFFREY S.				
STREET ADDRESS	12500 EQUESTRIAN CIRCLE, #409				
CITY-ST-ZIP	FT. MYERS FL				
TITLE	S-	<input type="checkbox"/> DELETE			
NAME	GOLDEN, CH				
STREET ADDRESS	12570 EQUESTRIAN CT 1416				
CITY-ST-ZIP	FT MYERS FL				
TITLE	DV	<input type="checkbox"/> DELETE			
NAME	GOLDEN, ROBERT				
STREET ADDRESS	12570 EQUESTRIAN CT #1416				
CITY-ST-ZIP	FT. MYERS FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	CDP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS	11330 Lakeland Circle				
4.4 CITY-ST-ZIP	FT. MYERS FL 33913				
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS	11330 Lakeland Circle				
5.4 CITY-ST-ZIP	FT. MYERS FL 33913				
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: *[Signature]* Res: ced 4/11/97 (941)939-5630

CR2E034 (9/96)