

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham,
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 13 AM 11:52

DOCUMENT # **S85859** (4)
1. Corporation Name
VAL-COR ENTERPRISES, INC.

Principal Place of Business Mailing Address
15200 CARTER ROAD 15200 CARTER ROAD
B-2 B-2
DELRAY BEACH FL 33446 DELRAY BEACH FL 33446
US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/08/1991 3a. Date of Last Report 04/06/1994

4. FEI Number 65-0286866 Applied For Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 15200 JOG RD. 26 15200 JOG RD.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 B-2 27 B-2
City & State City & State
23 DELRAY BEACH, FL. 28 DELRAY BEACH, FL.
Zip Country Zip Country
24 33446 25 PALM BEACH 29 33446 30 PALM BEACH

9. Name and Address of Current Registered Agent
BLAUFARB, MORTON
23504 MIRABELLA CIRCLE 6511 BRAVA WAY
BOCA RATON FL 33433 - 8239

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS
TITLE -VP
NAME -GITTELSON, FRED
STREET ADDRESS 23384 MIRABELLA CIR. 90.
CITY-ST-ZIP BOCA RATON FL
TITLE -VP
NAME GITTELSON, SUZANNE
STREET ADDRESS 23384 MIRABELLA CIR. 90.
CITY-ST-ZIP BOCA RATON FL
TITLE P
NAME BLAUFARB, ROSE LEE
STREET ADDRESS 29504 MIRABELLA CIR. 90. 6511 BRAVA WAY
CITY-ST-ZIP BOCA RATON FL 33433-8239
TITLE ST
NAME BLAUFARB, MORTON
STREET ADDRESS 23504 MIRABELLA CIR. 8 6511 BRAVA WAY
CITY-ST-ZIP BOCA RATON FL 33433-8239

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE VP Change Addition
1.2 NAME GOLDSTEIN, DONALD
1.3 STREET ADDRESS 14962 WILD FLOWER LANE
1.4 CITY-ST-ZIP DELRAY BEACH, FL. 33446
2.1 TITLE VP Change Addition
2.2 NAME GOLDSTEIN, BEATRICE
2.3 STREET ADDRESS 14962 WILD FLOWER LANE
2.4 CITY-ST-ZIP DELRAY BEACH, FL. 33446
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: Morton Blaufarb 407-496-0330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (MAY 1995 FIC 2)