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FILED
Apr 22 1996 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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



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

3. Date incorporated or Qualified **10/08/1991** 3a. Date of Last Report **03/13/1995**
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 30 Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLAUFARB, MORTON
6511 BRAVA WAY
BOCA RATON FL 33433

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 **MORTON BLAUFARB**
Signature, typed or printed name of registered agent and title if applicable

Morton Blaufarb
(NOTE: Registered Agent signature required when reinstating)

4/17/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	<input type="checkbox"/> DELETE
NAME	GOLDSTEIN, DONALD	
STREET ADDRESS	14962 WILD FLOWER LANE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GOLDSTEIN, BEATRICE	
STREET ADDRESS	14962 WILD FLOWER LANE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BLAUFARB, ROSE LEE	
STREET ADDRESS	6511 BRAVA WAY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BLAUFARB, MORTON	
STREET ADDRESS	6511 BRAVA WAY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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* **MORTON BLAUFARB** **4/17/96** **407-496-5622**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)