


FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90049 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S85859

1. Corporation Name

VAL-COR ENTERPRISES, INC.

Principal Place of Business 15200 JOG ROAD B-2 DELRAY BEACH FL 33446 US	Mailing Address 15200 JOG ROAD B-2 DELRAY BEACH FL 33446 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/08/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0286866	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BLAUFARB MORTON
6511 BRAVA WAY
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name **James R. Kiser**
 82 Street Address (P.O. Box Number is Not Acceptable)
802 Cypress Grove Lane #304
 83
 84 City **Pompano Beach, FL** 85 Zip Code **33069**

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

James R. Kiser (James R. Kiser) President 1-30-99
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, DONALD	1.2 NAME	
STREET ADDRESS	14962 WILD FLOWER LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, BEATRICE	2.2 NAME	
STREET ADDRESS	14962 WILD FLOWER LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAUFARB, ROSE LEE	3.2 NAME	
STREET ADDRESS	6511 BRAVA WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAUFARB MORTON	4.2 NAME	
STREET ADDRESS	6511 BRAVA WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	James R. Kiser
STREET ADDRESS		5.3 STREET ADDRESS	802 Cypress Grove Lane #304
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Pompano Beach, FL 33069
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/99

Date

561-496-0330

Daytime Phone

CR2E034 (1/198)