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

PROFIT CORPORATION ANNUAL REPORT

1998

14. Thereby certify that the information supplindicated on this annual report or supplie officer or director of the corporation of the Block 12 or Block [13] if changes) or by a



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

V47043

(7)

VALENTE ADVERTISING AND DESIGN, INC.

Principal Place of Business				Mailing Address							880		1841 9 4064 1004
15341 95TH				6671 W. INDIANTOWN RD									
JUPITER FL 33478 Lus				56-400 Jupiter FL 33458						DO NOT WRITE IN THIS SPACE			
•				US						3. Date Incorporated or Quali	fied		
										06/25/1992			
2. Principal Place of Business				2e. Mailing Address						4. FEI Number		→	Applied For
Sulte, Apt. #, etc.				Suite, Apt. #, etc.						65-0346421			Vot Applicable
22				27						5. Certificate of Status Desired	d 🗆		Additional Required
City & State				City & State					6. Election Campaign Financi	ng		О Мау Ве	
23			2	28					Trust Fund Contribution			d to Fees	
Zip	·		<u> </u>	<u>├</u>			Country			8. This corporation owes or ha	•		
24	• Name	and Address o		29 palstered A	Anent	30				Personal Property Tax due 10. Name and Address of Ne		Yes	∐ No
VA.	LENTE, TIM			Biccoloc	180111		81	Nar	ne	10, Hame and Reduces of the	Willows	Man	
15341 95TH AVE N							82	Stro	n Addre	ess (P.O. Box Number is Not Acc			
JUPITER FL 33478								Sire	101 Addie	988 (P.O. DOX NUMBER IS NOT ACC	эргаріе)		
33 2 2							83					-	
							84	City	,			85 Zip	Code
11. Pursuant	to the provisi	ions of Sections	607 0502 an	d 607 150/	8 Florida Štati	ites th	e above	-nam	ed corno	oration submits this statement for	the purpose	e	ite registered
office or i	registered ag	the State of Fi	lorida. Suc	th change was	author	rized by	the c	corporation	on's board of directors. I hereby a	accept the ap	pointment a	is 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 appoagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.													
SIGNATURE	Signature, typed	or printed name of reg			hle (NO			nt signa	lure require	d when reinstating)	DATE		
12.	<u> </u>	OFFIC	ERS AND DI	RECTORS	DELETE		13.		1	ADDITIONS/CHANGES TO C	OFFICERS AN		
TITLE NAME	D VALENTE, TIM P						1.1 TITLE 1.2 NAME					L Change	Addition
	TREET ADDRESS 15341 95TH AVE N						1.3 STREET ADDRESS		25				
CITY-ST-ZIP	41 1515-1515						1.4 CITY - ST - ZIP		~				
TITLE	<u> </u>			·	DELETE	_	2.1 TITLE		·			Change	Addition
NAME							2.2 NAME						
STREET ADDRESS							2.3 STREET ADDRESS						
CITY-ST-ZIP FITLE							2.4 CITY - ST - ZIP 3.1 TITLE					Charac	APPROX.
NAME					DELETE		3.1 THEE 3.2 NAME					Change	Addition
STREET ADDRESS	····-						3.3 STREET	ADDRES	8				
CITY-ST-ZIP	•			,			3.4. CITY-ST-ZIP		~				
TITLE "				~	DELETE		L1 TITLE		1			Change	☐ Addition
NAME						4	1. 2 NAME						
STREET ADDRESS					4.3 STREET ADDRESS			ADDRES	s				
CITY-ST-ZIP	-				DELETE		1.4 CITY - ST	T - ZIP				- T-1 &	
TITLE					☐ DELETE	- 8	5.1 TITLE					L Change	Addition
NAME Street address							5.2 NAME 5.3 STREET :	ADDDEC					
CITY-ST-ZIP							5.4 CITY-S1		10				
TITLE					DELETE		S.1 TITLE			······································		☐ Change	Addition
HAME						6	6.2 NAME					-	
STREET ADDRESS						6	3.3 STREET	ADDRES	is				
AUTO OT THE	I												

I wish thit filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of an initial 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 ective of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the chine it with an eddress.

FILED

Apr 23 1998 8:00am

Secretary of State