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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # G20434

·	
Principal Place of Business	Mailing Address
3108 PROSPECT ROAD	3108 PROSPECT ROAD
TAMPA FL 33629	TAMPA FL 33629
1 110	416

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90295 013 ***150.00

VILLA D	EL MAR DEVELOPMENT C	ORPORATION							
Principal Plac	e of Business	Mailing Address				- 1 1000(1) 10010 170) 00111 014000 1 	ILEI MANT AINE MA	######################################	###21 # ###1 1 ## }
3108 PROSPEC TAMPA FL 336 US		3106 PROSPECT ROAD TAMPA FL 33629 US				DO NOT WRI	TE IN THIS	SPACE	
{ `						3. Date Incorporated or Qualifed			}
{	••					01/18/1983			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		A	oplied For
21	·	26				59-2377912			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		•	Additional equired
City & Stat	te	City & State			-	6. Election Campaign Financing		~ \$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Countr	y		8. This corporation owes the curr	rent year Inta		\
24	25		30			Personal Property Tax.		Yes	□N ₀
<u> </u>	9. Name and Address of Curre	nt Registered Agent	8	<u> </u>		10. Name and Address of New I	Registered /	Agent	
\ \A/RLE	LIAMS, GREGORY L		*	1 Nam	ı u	•			· {
	SOUTH OREGON AVE.		8	2 Stre	et Addre	ss (P.O. Box Number is Not Accept	able)		
	IPA FL 33606		L						
ויייתו	IFA FE 33000		8	٦)					ĺ
<u> </u> 			8	4 City			FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute:	s, the abo	ve-name	d corpo	ration submits this statement for the	purpose of	changing its	registered
office or r agent. I a	registered agent, or both, in the State or familiar with, and accept the obligi	ations of, Section 607.0505, Flori	inonzed b da Statute	y ineco es.	rporation	n's board of directors. I hereby acce	hr me appoir	unen as re	igisiereu (
SIGNATURE	Signature, typed or printed name of registered agr			_	re required	when reinstating)	DATE		}
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	ORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE					☐ Change	Addition
NAME	WILLIAMS, GREGORY		1.2 NAME		ļ				
STREET ADDRESS	3108 PROSPECT ROAD		1.3 STRE	ET ADDRE	ss				ì
CITY-ST-ZIP	TAMPA FL		1.4 CITY-	ST-ZIP	Į				
TITLE	DSVP	☐ DELETE	2.1 TITLE					Change	☐ Addition ∫
NAME	WILLIAMS, DANETTE L.		2.2 NAME	:					
STREET ADDRESS			2.3 STRE	ET ADDRE	ss				
CITY-ST-ZIP	TAMPA FL 33029		2.4 CITY	ST-ZIP			<u> </u>		
TITLE		DELETE	3.1 TITLE		-	<u> </u>		Change	Addition
NAME			3.2 NAME	<u>:</u>	}				ļ
STREET ADDRESS	1		3.3 STRE	ET ADDRE	ss				ļ
CITY-ST-ZIP			3.4. CITY	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE					☐ Change	☐ Addition
NAME	1		4. 2 NAM	Ē		•			ĺ
STREET ADDRESS			4.3 STRE	ET ADDRE	ss				.]
CITY-ST-ZIP			4.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE			•		Change	☐ Addition
NAME.			5.2 NAME		1				ľ
STREET ADDRESS				ET ADDRE	SS	•			,
CITY-ST-ZIP			5.4 CITY-				<u>·</u>		
TITLE		☐ DÉLETE	6.1 TITLE					☐ Change	☐ Addition
NAME	 		6.2 NAME						}
STREET ADDRESS			6.3 STRE	ET ADDRE	3 S				

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:

813-254-6353