

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Mathison
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L57328** (1)

1. Corporation Name
207 VILLA REGINA, INC.



Principal Place of Business: **% L FRANK CHOPIN 440 ROYAL PALM WAY STE 300 PALM BEACH FL 33480**
Mailing Address: **% L FRANK CHOPIN 440 ROYAL PALM WAY STE 300 PALM BEACH FL 33480**

3. Date Incorporated or Qualified 03/12/1990	3a. Date of Last Report 04/26/1995
4. FEI Number 65-0192338	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business State, Apt #, etc. 22 suite 200 City & State	22a. Mailing Address State, Apt #, etc. 27 suite 200 City & State
23. Zip Country	23b. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHOPIN, L FRANK
440 ROYAL PALM WAY SUITE 200
STE. 200
PALM BEACH FL 33480**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 607.0-607 and 607-1506, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		2. NAME	
3. STREET ADDRESS		3. STREET ADDRESS	
4. CITY-STATE-ZIP		4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		6. NAME	
7. STREET ADDRESS		7. STREET ADDRESS	
8. CITY-STATE-ZIP		8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY-STATE-ZIP		12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY-STATE-ZIP		16. CITY-STATE-ZIP	
17. TITLE	<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY-STATE-ZIP		20. CITY-STATE-ZIP	

14. I do hereby certify that the information reported herein voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included herein is an annual report or supplement to an 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, director, or trustee of the corporation or the registered agent 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.

SIGNATURE: *L. Frank Chopin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407)655-9500

CR2E034 (12/95)