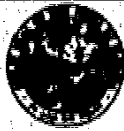


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **N93000000131 (3)**

1. Corporation Name

VENDOME VILLAGE COUNCIL OF PRESIDENTS, INC.

95 APR 26 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**C/O INFINITI PROPERTY MGMT. INC.
1301 SEMINOLE BLVD. #110
LARGO FL 34640
US**

Mailing Address
**C/O INFINITI PROPERTY MGMT. INC.
1301 SEMINOLE BLVD.. #110
LARGO FL 34640
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/05/1993** 3a. Date of Last Report **04/13/1994**

4. FEI Number **59-3166908** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

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 Country 28. Zip Country

24. Zip Country 25. Zip Country 29. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent

**INFINITI PROPERTY MGMT INC.
1301 SEMINOLE BLVD.
STE. 110
LARGO FL 34640**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------------|
| TITLE | TD |
| NAME | DE LA MOTTE, MARGARET |
| STREET ADDRESS | 8250 VENDOME BLVD |
| CITY-ST-ZIP | PINELLAS PARK FL |
| TITLE | PD |
| NAME | BRODSKY, LOUIS |
| STREET ADDRESS | 8330 VENDOME BLVD |
| CITY-ST-ZIP | PINELLAS PARK FL |
| TITLE | VD |
| NAME | SARNE, JOHN |
| STREET ADDRESS | 8512 DEAUVILLE |
| CITY-ST-ZIP | PINELLAS PARK FL |
| TITLE | SD |
| NAME | REED, DALE |
| STREET ADDRESS | 8360 BURGUNDY |
| CITY-ST-ZIP | PINELLAS PARK FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | TROUPE, WILLIAM |
| 1.3 STREET ADDRESS | 8477 DEAUVILLE |
| 1.4 CITY-ST-ZIP | PINELLAS PARK, FL 34665 |
| 2.1 TITLE | T/D <input checked="" 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 | P/D <input checked="" 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)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dale Reed Dale Reed 04-17-95 (813) 546-7940

Signature and typed or printed name of signing officer or director Date Daytime phone #