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

Mailing Address

P.O. BOX 490354

KEY BISCAYNE FL 33149-0354

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

KEY BISCAYNE FL 33149-0354

P.O. BOX 490354



changed, or on a

appears in Block 12 or B

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200008360 (9)

VILLAGE SQUARE DEVELOPMENT, INC.

4, FEI Number 2. Principal Piace of Business 2a. Mailing Address Applied For 65-0384206 Not Applicable 21 26 Suite, Apt. #, etc. \$8,75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution 23 Country $Z_{\rm ID}$ 8. This corporation has liability for intangible tax under s. 199.032, Z \oplus Country Yes No 30 Florida Statutes 25 24 29 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GARFIELD, LARRY 550 OCEAN DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 9B 83 KEY BISCAYNE FL 33149-0354 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typied or printed hank of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12, Addition Change DELETE 1.1 TITLE TITLE GARFIELD, LARRY 1.2 NAME NAME 550 OCEAN DR., SUITE 9B 1,3 STREET ADDRESS STREET ADDRESS KEY BISCAYNE FL 33149-0354 1.4 DITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE GARFIELD, GERTRUDE 2.2 NAME 550 OCEAN DR., SUITE 9B 2.3 STREET ADDRESS STREET ADDRESS KEY BISCAYNE FL 33149-0354 2.4 CITY-ST-ZIP COLY-ST-ZIE Addition DELETE Change 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-\$1-ZIP CHTY-ST-ZIP DELETE Change Addition 41 TITLE TIFLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST-ZIP CITY - ST - ZIP Change Addition DELETE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP City St. 7P 14. I do 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 repover or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED Feb 12 1997 8:00am Secretary of State



Garfield 2/5/97 (305)365 1776

3. Date Incorporated or Qualified

12/01/1992

3a. Date of Last Report

(96/6)

03/20/1996