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May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000009952 (0)

1. Corporation Name
VILLA, INC.



Principal Place of Business
**P.O. BOX 548
 CAPE CORAL FL 33910**

Mailing Address
**P.O. BOX 548
 CAPE CORAL FL 33910-0548**

3. Date Incorporated or Qualified **01/31/1994** 3a. Date of Last Report **04/12/1996**

2. Principal Place of Business
 21 **4414-b Del Prado Blvd.**
 Suite, Apt. #, etc.

2a. Mailing Address
 26 **4414-b Del Prado Blvd.**
 Suite, Apt. #, etc.

4. FEI Number **65-0465869** Applied For
 Not Applicable

22 City & State
Cape Coral, Fl. 33904

27 City & State
Cape Coral, Fl. 33904

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 Zip **33904** Country **USA**

28 Zip **33904** Country **USA**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

**CANZANO, RICHARD J
 1008 DOLPHIN DRIVE
 CAPE CORAL FL 33904**

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 DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
	PT																										
	CANZANO, RICHARD J	1008 DOLPHIN DRIVE	CAPE CORAL FL																								

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 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.

SIGNATURE: 4/30/97 (94) 542-4011

CR2E034 (9/96)