

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

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **266167** (6)
1. Corporation Name
MELODY VILLAS INC



Principal Place of Business C/O MARLIN PROPERTY MGMT. CO 1489 W.PALMETTO PARK RD. STE 414 BOCA RATON FL 33486	Mailing Address C/O MARLIN PROPERTY MGMT. CO 1489 W.PALMETTO PARK RD. STE 414 BOCA RATON FL 33486-3327
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2. Principal Place of Business 21 % Bohica Properties Suite, Apt. #, etc. #2 22 3850 NW 2 Avenue, City & State Boca Raton, FL 23 33431 Zip 24 P. Bch Country		2a. Mailing Address 26 % Bohica Properties Suite, Apt. #, etc. #2 27 3850 NW 2 Avenue, City & State Boca Raton, FL 28 33431 Zip 29 P. Bch Country		3. Date Incorporated or Qualified 01/15/1963	3a. Date of Last Report 04/09/1996
4. FEI Number 59-1038880		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 type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MARLIN PROPERTY MANAGEMENT CO. INC 1489 W. PALMETTO PARK ROAD #414 BOCA RATON FL 33486		10. Name and Address of New Registered Agent 81 Name Marcia Collins 82 Street Address (P.O. Box Number is Not Acceptable) 3850 NW 2 Avenue 83 Suite # 2 84 City Boca Raton FL 85 Zip Code 33431	
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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 **Marcia Collins, Marcia Collins** DATE **4/9/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROADEC, ALAIN	1.2 NAME	
STREET ADDRESS	4211 NE 22ND AVE 6	1.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	1.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAIGE, DOUGLAS	2.2 NAME	Barry John
STREET ADDRESS	4211 NE 22ND AVE 10	2.3 STREET ADDRESS	4211 NE 22 Avenue
CITY-ST-ZIP	LIGHTHOUSE POINT FL	2.4 CITY-ST-ZIP	Lighthouse Point, FL
TITLE	VSD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLYNN, MAUREEN	3.2 NAME	Casey Mildred
STREET ADDRESS	4211 NE 22ND AVE	3.3 STREET ADDRESS	4211 NE 22 Avenue
CITY-ST-ZIP	LIGHTHOUSE PT. FL	3.4 CITY-ST-ZIP	Lighthouse Point, FL
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 or on an attachment with an address.

SIGNATURE: **ALAIN TROADEC** DATE **4/9/97** DAYTIME PHONE # **561-750-8822**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)