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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED						
Mar 26 1998 8:00am						
Secretary of State						

17 - U. p	MENT # 26616' Y VILLAS INC	7 (6)				
Principal Plac	e of Business	Mailing Address				
C/O BOHICA PROPERTIES 3850 NW 2 AVE BOCA RATON FL 33431 US		C/O BOHICA PROPERTIES 3850 NW 2 AVE BOCA RATON FL 33431 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
					01/15/1963	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For	
21					59-1038880 Not Applicable	
Suite, Apt.	Suite, Apt. #, etc.	#, etc.		5 Certificate of Status Desired \$8.75 Additional		
22		27			Fee Required	
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	,	8. This corporation owes or has paid the current year Intangible	
24	25 29 30				Personal Property Tax due June 30. Yes No	
	9, Name and Address of Curre	int Registered Agent	81	Name	10. Name and Address of New Registered Agent	
	LLINS MARCIA		*'	Name		
3850 NW 2 AVE			82	Street Ad	Idress (P.O. Box Number is Not Acceptable)	
STE 2			83			
BO	CA RATON FL 33431					
			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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Signature, typed or penind name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.	Signature, typed or printed name of registered ag OFFICERS AN		13.	nt signature rec	quired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD		1.1 TITLE	$\overline{}$	Change Addition	
NAME	TROADEC, ALAIN		1.2 NAME		_ , ,	
STREET ADDRESS	4211 NE 22ND AVE 6	i i	1.3 STREET	ADDRESS	l S	
CITY-ST-ZIP	LIGHTHOUSE POINT FL		1.4 CITY - ST - ZIP		}	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition ☐	
NAME	BARRY, JOHN	 	2.2 NAME	i	į	
STREET ADDRESS	4211 NE 22ND AVE 10	VE 10 23		ADDRESS	1	
CITY-ST-ZIP	LIGHTHOUSE POINT FL		2. 4 CITY-5	ST-ZIP		
TITLE	STD	_	3.1 TITLE		Change Addition	
NAME	MILDRED, CASEY		3.2 NAME			
STREET ADDRESS	4211 NE 22ND AVE		3.3 STREET			
CITY-ST-ZIP			3.4. CITY - S 4.1 TITLE	ST- ZIP	☐ Change ☐ Addition	
NAME			4. 2 NAME		C Stidings C Houseless	
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-S	1		
TITLE			5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS		[1	5.3 STREET	ADDRESS	{	
CITY-ST-ZIP			5.4 CITY - S	T-ZIP		
THILE		DELETE 6.1			Change Addition	
NAME		[1	6.2 NAME	ſ		
STREET ADDRESS		1	6.3 STREET	ADDRESS	·	
CITY-ST-ZIP	- Art about the control of the contr		6.4 CITY - S		Control (40 07/0)/0 Florid Control	
14. I nereby c	ertily triat the information supplied v	with this ning does not qualify for the	exempl	non stated	in Section 119.07(3)(i), Florida Statutes, I further certify that the information	

SIGNATURE: