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PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 537297 1. Corporation Name 8- VILLAS CORPORATION

(4)

FILED	
Apr 18 1997 8:00am	1
Secretary of State	

Principal Place of Business Mailing Address					a Légure Bride strié sébbe broin ignis 1861 bybli diari gibli broin bibli			
P.O. BOX 24435 P.O. BOX 24435								
FT. LAUDERDA	ILE FL 33307	FT. LAUDERDALE FL 333	5U7 -443 5					
					3. Date Incorporated or Qualified 06/15/1977	3a. Date o		Joot
2. Principal P	face of Business	2a. Mailing Address			4. FEI Number	1		lied For
21		26			59-1802042		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.		* * * * * * * * * * * * * * * * * * * *	E. Cartificate of Otatus Decised	□ \$	8.75 Ad	lditional
22		27			5. Certificate of Status Desired		Fee Req	uired
City & State	е	City & State			6. Election Campaign Financing		\$5.00 M	lay Be
23	28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Coun	try	8. This corporation has liability for i			99.032,
24	25	29	30			Yes XXN		
	9. Name and Address of Currer	nt Registered Agent		NAT 1.	10. Name and Address of New Re	gistered Age	<u> 1t </u>	
	, GEORGE		1	91 Name	May George			j
5790	O WHIRLAWAY ROAD		ļ.	Street Ac	Idress (P.O. Box Number is Not Acceptab	le)	 	
	-		<u> </u>		<u> </u>			
PAL	M BCH. GARDEN FL 33418		1	B3	2840 Foxhall Dr.	E		
			ti	34 City		0.4	Zin Cr	ode
					W. Palm Bch.		33	
11. Pursuant	to the provisions of Sections 607.050	2 and 607,1508, Florida Statu	ites, the abo	ove-named co	orporation submits this statement for the p ration's board of directors. I hereby accept	urpose of cha	nging its	registered
agent. I a	m familiar with, and accept the oblig-	ations of, <u>Secti</u> on 607.0505, F	lorida Statu	tes.	ration's board of directors, thereby accept	it the appoint	ilibilit as ro	gistered
SIGNATURE						1,-9-	97	
				Agent signature rec	quired when reinstating)	DAGE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	PSV	K DELETE	1.1 T(1).	E	PSV	XΤ	Change	Addition
NAME	MAY, GEORGE		1.2 NAN	AE .	May George			- {
STREET ADDRESS	5790 WHIRLAWAY ROAD		1.3 STR	EE1 ADDRESS	2840 Foxball Dr.	E.		
CITY-ST-ZIP	PALM BCH GARDENS FL		1.4 0111	r-ST- <i>ZI</i> P	2840 Foxhall Dr. W. Palm Bch. Fl.	33417		
TITLE	T	★ DELETE	2.1 1/11	£	T	X ∫	Change	Addition
NAME	MAY, GEORGE		2.2 NAN	ne)	May George			ļ
STREET ADDRESS	5790 WHIRLAWAY ROAD		2.3 S1R	EET ADDRESS	2840 Foxhall Dr.	Ε.		1
CITY-ST-ZIP	PALM BCH GARDENS FL	<u> </u>	2 4 CIT	Y-ST-Z/P	W. Palm Bch. F1.	33417		
TITLE		DELETE	3 1 1ITL	E			Change	Addition
NAME			3.2 NAN	1E				
STREET ADDRESS			3.3 STR	EET ADDRESS				
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP				
TITLE		DELETE	4.1 TITE	E T			Change	Addition
NAME			4. 2 NAI	VE .				
STREET ADDRESS			4.3 STR	FF1 ADDRESS				
CITY-\$1-ZIP			4.4 CITY	'- S1- ZIP				_
TITLE		DELETE	5.1 TITE	E			Change	Addition
NAME			5.2 NAN	16				
STREET ADDRESS			5.3 STR	EE1 ADDRESS				
CITY-ST-ZIP			5.4 CITY	'-ST-ZIP				
TITLE		DELETE	61 TITL				Change	Addition
NAME			62 NAM	1F				1
STREET ADDRESS				EET ADDRESS				1
CITY-ST-ZIP			J	-ST-ZIF				1
	by certify that the information supplied	d with this filling does not qual			ed in Section 119.07(3)(i), Florida Statutes	. I further cert	ify 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 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.