FILE NOW: FILING FEE IS \$61.25

NONPROFIT



FLORIDA DEPARTMENT OF STATE

ANNU	ANNUAL REPORT  1996  Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS				
1. Corporation	MENT # 70368 SE VILLA INC	39 (0)		A HORITE HORIT DOING ATUR OLIO HARRO	AN ANTH BIAN ANN AND BIAN AND AND A
Principal Place	of Business	Mailing Address			
915 INTRACO FT. LAUDERD	ASTAL DRIVE	915 INTRACOASTAL DRI FT. LAUDERDALE FL 33:			
				3. Date Incorporated or Qualified 03/12/1962	3a. Date of Last Report 05/01/1995
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number 59-1059587	Applied For Not Applicab
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional
City & State	9	City & State		6. Election Campaign Financing	Fee Required  S5.00 May Be
Zip	Country	<b>28</b> Zip	Country	Trust Fund Contribution  8. This corporation has liability for in	Added to Fees tangible tax under s. 199.032,
24	25 9. Name and Address of Cur	29	30		Yes 🖳 No
915 INTE	D, DANUTA RACOASTAL DR #5 DERDALE FL 33304		<ul><li>81 Name</li><li>82 Street A</li><li>83</li></ul>	MARCEL BE Iddress (P.O. Box Number is Not Acceptable 915 INTRACOASTA	GIN L DRIVE#8
		500 and 617 1509. Florida Statuta	84 City For	T LAUDERD A LE	FL 85 Zip Code 3 3 3 30
or register	red agent, or both, in the State of F th, and accept the obligations of S	lorida. Such change was authorize	s, the above harned coned by the corporation's t	loard of directors. I hereby accept the appoin	ntment as registered agent. I am
SIGNATURE	Signature typed or printed annex of red streets	dect and he if application (NOT	E. Registered Agent signature re-	Signed when ministation	-/1/96
12.		AND PIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	PD DANUTA	<b>™</b> 0ETELE	1.1 TITLE	PD ATT ATT A	Change 🗀 Addition
NAME STREET ADDRESS	LECLERO, DANUTA 915 INTRACOASTAL DR			MARCEL BEGIN 915 INTRACOAST	ALDRIVE #8
CITY-ST-ZIP	FT LAUDERDALE, FL 00006	)	1.3 STREET ADDRESS 1.4 City-St-Zip	FT, LANDERDALE.	FL 33304
TITLE	· V	DELETE	21 TITLE	, , , , , , , , , , , , , , , , , , , ,	☐ Change ☐ Addition
NAME	HAND, VERA		2 2 NAME		
STREET ADDRESS	915 INTRACOASTAL DRIVE		2 3 STREET ADDRESS		
DITY-ST-ZIP	FT. LAUDERDALE FL		2 4 CITY-ST-ZIP		
TITLE	STD	DELETE	3.1 TITLE		Change Addition
NAME	OLDHAM, ANNE 915 INTRACOASTAL DR		3 2 NAME		
STREET ADDRESS	FT. LAUDERDALE, FL 0		3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D	DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME	BEGIN, HELENE	Посселе	4. 2 NAME		Change C Applica
STREET ADDRESS	915 INTRACOASTAL DR		4.3 STREET ADORESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		<b>—</b>	5.2 NAME		
CTDCCT 4 DODCCC					

6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

5 4 CITY - ST-ZIP

6.3 STREET ADDRESS

61 TITLE

62 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

OW HAM

954 - 561-1767 Daytime Phone #

Addition

☐ Change