SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(0)

**FILED** Jul 22 1998 8:00am Secretary of State

VILLAGE	PHOPERIIE	S, ING						
Principal Place of Business Mailing Address								
1553 N.E. ARCH AVENUE 1553 N.E. ARCH AV JENSEN BEACH FL 34967 JENSEN BEACH FL								DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified
								08/27/1981
2. Principal P	Mailing Address	iling Address			4. FEI Number Applied For			
21		<u> </u>	26				42-1170766 Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				SR 75 Additional
22			27	27				5. Certificate of Status Desired Fee Required
City & Stat	e		City & State				6. Election Campaign Financing \$5.00 May Be	
23			28	28				Trust Fund Contribution Added to Fees
Zip				Zip Cou		untry		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			nt Regis	t Registered Agent				10. Name and Address of New Registered Agent
CLARK, MARTY B						81	Name	
1553 N.E. ARCH AVENUE JENSEN BEACH FL 34957						82	Street Add	ress (P.O. Box Number is Not Acceptable)
SCHOOL BEACH IE 04857								
						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								
OIOITTIOTE	Signature, typed or prin	nted name of registered age	ent and title I	applicable. (P			gent signature req	uired when reinstating) DATE
12.		OFFICERS AN	VD DIRE	CTORS	13.	•		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	STD	-		DELETE	1.1 TI	ITLE		Change Addition
NAME	CLARK, JACK			1.2 N		IAME		
STREET ADDRESS				1.3 STREET ADDR			ADDRESS	
CITY-ST-ZIP	JENSEN BEA	CH FL		<del></del>		ITY-ST	-ZiP	
TITLE	VD	ATAN 188		DELETE	2.1 T			Change  Addition
NAME	CLÁRK, CHRISTOPHER			<b>I</b>		IAME	}	}
STREET ADDRESS	IEMAEN DEACH C			23 STREET ADDR				
CITY-ST-ZIP		CH FL				ATY-ST	-ZIP	
TITLE	PD MAD	rv		DELETE	3.1 Ti			Change Addition
NAME	CLARK, MARTY				3.2 N			
STREET ADDRESS	I 15\$3 N.E. ARCH AVENUE JENSEN BEACH FL						ADDRESS	
CITY-ST-ZIP		UTI FL	··	<u> </u>		HTY-ST-	-ZIP	
TITLE	AS STONE IOU	N LI		DESETE	4.1 TI			Change Addition
NAME	STONE, JOHN H. 1119 HIGH STREET					4.2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS	DES MOINES IA			4.3 STR: 4.4 CITY				
CITY-ST-2IP TITLE	DEG MUNITO	n		[]			-214	
	1			DELETE	5.1 TI		l	Change Addition
NAME expect annhers					5.2 N		4DDDESO	
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP TITLE				PELETE	5.4 C	ITY-ST-	-2112	Change Addition
				DELETE	6.2 N			L Change L Addition
NAME expect apopted							ADDRESS	ļ
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP	12. 11. 14. 14.				8.4 C	ATY-ST	-ZIP	

I 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 eath; 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 chapted, or on an attachment with an address.