

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J50496** (5)

1. Corporation Name
THE VILLAGE REALTY OF STUART, INC.



Principal Place of Business: **1055 E. OCEAN BLVD STUART FL 34996**
Mailing Address: **1055 E. OCEAN BLVD STUART FL 34996**

3. Date Incorporated or Qualified: **12/29/1986**
3a. Date of Last Report: **10/23/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields.

4. FEI Number: **59-2591011**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**STOYANOFF, JOAN
4115 S. E. JIB LANE
STUART FL 34997**

10. Name and Address of New Registered Agent (81-85) fields.

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	1. TITLE
NAME	STOYANOFF, JOAN	2. NAME
STREET ADDRESS	4115 SE JIB LANE	3. STREET ADDRESS
CITY-ST-ZIP	STUART FL	4. CITY-ST-ZIP
TITLE		5. TITLE
NAME		6. NAME
STREET ADDRESS		7. STREET ADDRESS
CITY-ST-ZIP		8. CITY-ST-ZIP
TITLE		9. TITLE
NAME		10. NAME
STREET ADDRESS		11. STREET ADDRESS
CITY-ST-ZIP		12. CITY-ST-ZIP
TITLE		13. TITLE
NAME		14. NAME
STREET ADDRESS		15. STREET ADDRESS
CITY-ST-ZIP		16. CITY-ST-ZIP
TITLE		17. TITLE
NAME		18. NAME
STREET ADDRESS		19. STREET ADDRESS
CITY-ST-ZIP		20. CITY-ST-ZIP

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05/13/96 01018 025
***200.00

Joan
SJR

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joan Stoyanoff*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29-96 907. 286-1303

CR2E034 (12/95)