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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J58159 1. Corporation Name

Country

9. Name and Address of Current Registered Agent

VILLAGE LAKE, INC.

Principal Place of Business

440 ROYAL PALM WAY, STE. 300

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

SUITE 200

22

23

24

Zip

PALM BCH FL 33480

Mailing Address

440 ROYAL PALM WAY

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

STE 200 PALM BCH FL 33480

26

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Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes Yes

Not Applicable

FILED

May 10, 1999 8:00 am Secretary of State

05-10-1999 90182 005 ***150.00

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

П

02/20/1987

59-2775541

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

4, FEI Number

440 ROYAL PALM WAY, STE 200 PALM BCH FL 33480			82 Street Address (P.O. Box Number is Not Acceptable) 83								
			;	84 (City			FL	85	Zip Co	
office or re	to the provisions of Sections 607.0502 and 607.1508 egistered agent, or both, in the State of Florida. Such m familiar with, and accept the obligations of, Section	n change was autho	nzea	ov tne	named corporati e corporation's l	on submits thi poard of direct	s statement fo lors. I hereby	r the purpose of accept the appo	changi ntment	ng its re as regis	gistered
SIGNATURE		ANOTE: Bac	ietorod f	Lagant ex	gnature required wher	revostating)		DATE			
12.	Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS	` ` ` ` ` `	13.	ugent ar	grietore redolled who		CHANGES TO	OFFICERS AI	ND DIRI	ECTOR	S IN 12
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CITY-ST-ZIP			4.4 CIT	Y-ST-Z	üР						
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CITY-ST-ZIP				Y-ST-2							
14. I hereby of indicated officer or	pertify that the information supplied with this filing doe on this annual report or supplemental annual report director of the corporation or the receiver or trustee or Block 13 if changed or on an attachment with an	is true and accurate empowered to exec	e and cute thi	that n is rep	ny signature sha ort as required	all have the sa	ıme ledali elled	a as ii made und	ici valii	. unatra	alli alli

Country

81 Name

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