

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -3 AM 8:38

DOCUMENT # **K05851 (6)**

1. Corporation Name
VILLA BRUSCO, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**4190 N. FEDERAL HWY.
LIGHTHOUSE POINT FL 33064** **4190 N. FEDERAL HWY.
LIGHTHOUSE POINT FL 33064**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/09/1987** 3a. Date of Last Report **04/28/1994**

2. Principal Place of Business 2a. Mailing Address
21 State, Apt. #, etc. 26 State, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number **65-0022913** Applied For
Not Applicable
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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**BRUSCO, JOSEPH
4190 N. FEDERAL HWY
LIGHTHOUSE POINT FL 33064**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 _____ DATE _____
Typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

111 TITLE	PD
112 NAME	BRUSCO, JOSEPH
113 STREET ADDRESS	4100 N.E. 23RD TERRACE
114 CITY - ST - ZIP	LIGHTHOUSE PT. FL
211 TITLE	DO
212 NAME	BRUSCO, FRANK
213 STREET ADDRESS	4190 N FEDERAL HWY
214 CITY - ST - ZIP	LIGHTHOUSE PT FL
311 TITLE	DO
312 NAME	BRUSCO, ANTHONY
313 STREET ADDRESS	1380 S FEDERAL HWY
314 CITY - ST - ZIP	DEERFIELD BCH FL
411 TITLE	DO
412 NAME	BRUSCO, CARMELA
413 STREET ADDRESS	4190 N FEDERAL HWY
414 CITY - ST - ZIP	LIGHTHOUSE PT FL
511 TITLE	
512 NAME	
513 STREET ADDRESS	
514 CITY - ST - ZIP	
611 TITLE	
612 NAME	
613 STREET ADDRESS	
614 CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption listed in Section 199.02(3)(a), 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 on the 12 or Block 13 of checked, or on an attachment with an address.

SIGNATURE: *Joseph Brusco*

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOSEPH BRUSCO

2/29/95 (305) 781 9947