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PROFIT CORPORATION ANNUAL REPORT

1999

603 VILLA REGINA, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90136 011 ***150.00

Principal Place	of Business	Mailing Address				() D ESTRESS TO STATE AND AND AND STATES THE	., ., .,	II 4 491+ 61647 0	ili ili di all'iliani
40 ROYAL PAL	M WAY	440 ROYAL PALM WAY							
UITE 200***********************************		SUITE 200				DO NOT WRITE IN THIS SPACE			
. =	L 33480	PALM BEACH FL 33480	US			3. Date Incorporated or Qualifed			
JS		00			}`	03/12/1990		•	}
2 Principal Pt	tace of Business	2a. Mailing Address			- 1	4. FEI Number		Ap	plied For
11	add of Basimood	26 c/o L Frank	k Choni	in		65-0192335		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	. <u>C.1.O.</u> D.			5. Certifcate of Status Desired		\$8.75	1
2		27 440 Royal I	27 440 Royal Palm Way, Suite				<u></u>	Fee Re	equired
City & State		City & State				Election Campaign Financing		\$5.00	· ·
3		28 Palm Beach				Trust Fund Contribution		Added t	to Fees
Zip	Country	Zip		untry		8. This corporation owes the curre			
4	25	29 33480	30 US	<u>s</u>		Personal Property Tax.		Yes	□No
	9. Name and Address of Cur	rrent Registered Agent		Od Name		0. Name and Address of New R	egisterea A	gent	
CHO	DIN I FDANK			81 Name	,				
	PIN, L FRANK			82 Street	Address	(P.O. Box Number is Not Accepta	ble)		
STE	ROYAL PALM WAY			83					
	M BEACH FL 33480			63					
FALR	A DEMOLL I E 20400			84 City			FL	85 Zip (Code
	to the provisions of Sections 607.	0500 C07 1509 Florida St	atutas the s	obovo pamor	Loomorati	ion submits this statement for the	numose of o	hanging its	registered
office or re	egistered agent, or both, in the Sta	ate of Florida. Such change wa	as autnonze	ea by the corp	oration's	board of directors. I hereby accep	t the appoin	tment as re	gistered
anont I a	m familiar with, and accept the ob	ligations of, Section 607.0505,	Florida Sta	itutes.					
agont. rai		ŭ .							
SIGNATURE					cognized whe	n reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable (N	VOTE: Registere	ed Agent signature	required whe			DIRECTO	DRS IN 12
SIGNATURE	Signature, typed or printed name of registered OFFICERS		OTE: Registere	ed Agent signature	required whe	n reinstating) ADDITIONS/CHANGES TO OF		DIRECTO	DRS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered OFFICERS	d agent and title if applicable (NE AND DIRECTORS	13.	ed Agent signature	required whe				
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered OFFICERS DSP CHOPIN, L FRANK	agent and title if applicable (N AND DIRECTORS	NOTE: Registere 13 1.1 T	ed Agent signature					
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS DSP CHOPIN, L FRANK 440 ROYAL PALM WAY, ST	agent and title if applicable (N AND DIRECTORS	NOTE: Registere 13. 1.1 T 1.2 N 1.3 S	ed Agent signature :. TITLE NAME STREET ADORESS					
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP	Signature, typed or printed name of registered OFFICERS DSP CHOPIN, L FRANK	agent and title if applicable (N AND DIRECTORS	13. 1.1 T 1.2 N 1.3 S 1.4 C	ed Agent signature TITLE NAME					
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14. Thereby 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 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 the receiver or trustee, with all other like empowered.

SIGNATURE: