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

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DOCUMENT # L83437

1. Corporation Name VILLAGE GREEN, INC.

PLANTAPORTE COOK

ET ADDRESS

ST-ZIP

27

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 oath; that I am an Block 12 or Block 13 if changes or on an attachment with an address, with all other like empowered. MUNISKED GUE CUI SECRETARY **SNATURE:** 01/14/99

FILED Feb 02, 1999 8:00am **Secretary of State**

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						3 Data Incomercia	DO NOT WRITE IN	THIS SPACE		
						3. Date Incorporate 06/25/1990	d or Qualifed	·		٠. ا
2. Princip	al Place of Business	2a. Mailing Address	-			4. FEI Number			<u></u>	
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Suite, A	Apt. #, etc.	Suite, Apt. #, etc.				T			Not Applicat	
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4	25	Zip		intry		8. This corporation of		r Intannible	4 10 1 665	┥.
<u></u>	9. Name and Address of Current	29 	30			Personal Property	/ Tax.	☐ Yes	×Νο	
·		Registered Agent		-		10. Name and Addre	ess of New Registe	red Agent		-
1/6 t R	ODRIGHEZ THIS			81	Name					_
11 15. K. 19.	1300 NW 7TH STREET			82	Street Addre	ess (P.O. Box Number is	Not Accentable)			— İ
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1. Pursua	ant to the provisions of Sections 607 0502	and 607 1509. Florida Chat.					F	-L 85 Zip	Code	
office o	ant to the provisions of Sections 607.0502 or registered agent or both, in the State of I am familiar with, and accept the obligation	Florida: Such change was a	ies, the at tuthorized	by ti	-named corpor he corporation	ration submits this state	ment for the purpose	of changing it	s registered	_
SIGNATUR	1 am familia with, and accept the obligation	47	rida Statu	ites.		. o coura or anectors. Fr	leteby accept the ap	pointment as r	egistered	
- NONATUR	Signature, typed of printed name of registered agent a	nd title if applicable (NOTE)	· - <u>-</u>	EC	DETARY	· 	•	•		
2.	OFFICERS AND		13.	Agent s	signature required v		DATE			ା ଲ
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l	Ed Carra Pater ne Andrea		6.2 NAME		J.				, .001100(1	1 :

(954) 236-0728