

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

1

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 MAY 28 PM 12: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L86464
1. Corporation Name
VILLETTA Homes, Inc.

Principal Place of Business: 235 OCALA ROAD SOUTH
TALLAHASSEE, FL 32304

Mailing Address:

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 7/9/90

4. FEI Number: 59-3021105

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 owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

23. Zip Country

24. 25. 26. 27. 28. 29. 30.

2a. Mailing Address

26. 235 OCALA ROAD SOUTH

27. State, Apt. #, etc.

28. TALLAHASSEE, FL

29. 32304 30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

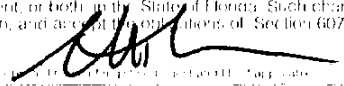
81 Name: STEVEN LEONI

82 Street Address (P.O. Box Number is Not Acceptable): 235 OCALA ROAD SOUTH

83

84 City: TALL FL 85 Zip Code: 32304

11. Pursuant to the provisions of Sections 607.0501 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:  5/28/98

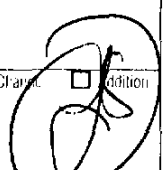
12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	LEONI, STEVEN M.	
STREET ADDRESS	235 OCALA ROAD SOUTH	
CITY-ST-ZIP	TALL, FL 32304	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LEONI, JONATHAN D	
STREET ADDRESS		
CITY-ST-ZIP	TALL, FL 32304	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	235 OCALA ROAD SOUTH
14 CITY-ST-ZIP	TALL, FL 32304
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	235 OCALA ROAD SOUTH
24 CITY-ST-ZIP	TALL, FL 32304
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
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	

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****150.00 ****150.00



14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information included 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 appointed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or additions have been made.

SIGNATURE:  5/28/98 850-580-3131

CR2E034 (10/97)

