

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

CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 MAR -7 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000065607 (2)
1. Corporation Name
VILLA VERDE REALTY CORP.

Principal Place of Business Mailing Address
1600 ANDERSON ROAD MCLEAN VA 22102 **1600 ANDERSON ROAD MCLEAN VA 22102**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 1001 PENNSYLVANIA AVE		26 SAME		09/21/1993		05/01/1994	
22 Suite 760		27		4. FEI Number		Applied For	
23 WASHINGTON D.C.		28		58-2072274		Not Applicable	
24 20004		25		5. Certificate of Status Desired		8.75 Additional Fee Required	
29		30		6. Election Campaign Financing Trust Fund Contribution		5.00 Added to Fees	
29		30		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FRANCIS, ELIZABETH P 101 E KENNEDY BLVD. 2700 BARNETT PLAZA TAMPA FL 33602				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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: _____ (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTER, R R	1.2 NAME	
STREET ADDRESS	1600 ANDERSON ROAD	1.3 STREET ADDRESS	1001 PENNSYLVANIA AVE Suite 760
CITY - ST - ZIP	MCLEAN VA 22102	1.4 CITY - ST - ZIP	WASHINGTON, D.C. 20004
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLUM, JOSEPH W	2.2 NAME	
STREET ADDRESS	1600 ANDERSON ROAD	2.3 STREET ADDRESS	1001 PENNSYLVANIA AVE Suite 760
CITY - ST - ZIP	MCLEAN VA 22102	2.4 CITY - ST - ZIP	WASHINGTON, D.C. 20004
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOOTH, DAVID	3.2 NAME	
STREET ADDRESS	1600 ANDERSON ROAD	3.3 STREET ADDRESS	1001 PENNSYLVANIA AVE Suite 760
CITY - ST - ZIP	MCLEAN VA 22102	3.4 CITY - ST - ZIP	WASHINGTON, D.C. 20004
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENDALL, THOMAS	4.2 NAME	
STREET ADDRESS	1600 ANDERSON ROAD	4.3 STREET ADDRESS	1001 PENNSYLVANIA AVE Suite 760
CITY - ST - ZIP	MCLEAN VA 22102	4.4 CITY - ST - ZIP	WASHINGTON, DC 20004
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, BRYAN	5.2 NAME	
STREET ADDRESS	1600 ANDERSON ROAD	5.3 STREET ADDRESS	1001 PENNSYLVANIA AVE Suite 760
CITY - ST - ZIP	MCLEAN VA 22102	5.4 CITY - ST - ZIP	WASHINGTON, D.C. 20004
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	1001 PENNSYLVANIA AVE Suite 760
CITY - ST - ZIP		6.4 CITY - ST - ZIP	WASHINGTON, D.C. 20004

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify 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 on an attachment with an address.

SIGNATURE: **Joseph W. Kellum** **2/21/95** **202-639-9776**
(Name and Typed or Printed Name of Registered Agent or Officer or Director) (Date) (Telephone Number)