

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

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 APR 26 PM 4:11

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000066534 (6)

1. Corporation Name

VILLA MAE, INC.

Principal Place of Business

Mailing Address

**8309 N. 39TH STREET
TAMPA FL 33604**

**8309 N. 39TH STREET
TAMPA FL 33604**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/06/1994 3a. Date of Last Report N/A

4. FEI Number #593270932 Applied For Not Applicable

5. Certificate of Status Desired N/A \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEELE, MAE WILLIS
8309 N. 39TH STREET
TAMPA FL 33604**

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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE D
NAME STEELE, MAE WILLIS
STREET ADDRESS 8309 N. 39TH STREET
CITY - ST - ZIP TAMPA FL 33604**

**1 1 TITLE Change Addition
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY - ST - ZIP Change Addition**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**2 1 TITLE Change Addition
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY - ST - ZIP Change Addition**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**3 1 TITLE Change Addition
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY - ST - ZIP Change Addition**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**4 1 TITLE Change Addition
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY - ST - ZIP Change Addition**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**5 1 TITLE Change Addition
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP Change Addition**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**6 1 TITLE Change Addition
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY - ST - ZIP Change Addition**

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 119.07(3)(k), Florida Statutes. I further certify that the information evidenced 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 on an attachment with an address.

SIGNATURE: Mae W. Steele / Mae W. Steele 4/19/95 1-(813) 988-9621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number