

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 07 1997 8:00am
Secretary of State

DOCUMENT # P95000029121 (7)

1. Corporation Name

VILLA CAPRI INVESTMENTS LIMITED, INC.

Principal Place of Business

7661 SAN SEBASTIAN WAY
NAPLES FL 33942

Mailing Address

7661 SAN SEBASTIAN WAY
NAPLES FL 34109-7168

3. Date Incorporated or Qualified

04/07/1995

3a. Date of Last Report

03/22/1996

2. Principal Place of Business

21 1955 MISSION DR.

Suite, Apt. #, etc.

22

23 NAPLES, FL.

24 34109

25 U.S.A.

2a. Mailing Address

26 1955 MISSION DR.

Suite, Apt. #, etc.

27

28 NAPLES, FL.

29 34109

30 U.S.A.

4. FEI Number

59-3308804

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

VESPI, FRANK
7661 SAN SEBASTIAN WAY
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name

VESPI, FRANK.

82 Street Address (P.O. Box Number is Not Acceptable)

83

1955 MISSION DR.

84 City

NAPLES

FL

85 Zip Code

34109

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PS
VESPI, FRANK
STREET ADDRESS 7661 SAN SEBASTIAN WAY
CITY-ST-ZIP NAPLES FL 33942

TITLE ☐ DELETE

NAME T
VESPI, DINA
STREET ADDRESS 1400 DIXIE RD
CITY-ST-ZIP MISSISSAUGA, ONT., CANADA FL L5E3E-1

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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

Amc 29/97 94-562-8011

CR2E034 (9/96)