

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

FILED

Apr 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000096290 (8)

1. Corporation Name  
VILANO ENTERPRISES, INC.

Principal Place of Business  
362 GULF BREEZE PKY. #120  
GULF BREEZE FL 32561

Mailing Address  
362 GULF BREEZE PKY. #120  
GULF BREEZE FL 32561-4492



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/18/1995		3a. Date of Last Report 05/01/1996	
21 151 Mary Esther Blvd		26 151 Mary Esther Blvd.		4. FEI Number 59-3365751		Applied For Not Applicable	
22 #405 B		27 #405 B		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Mary Esther, FL		28 Mary Esther FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 32561		29 32561		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
25 USA.		30 USA.		10. Name and Address of New Registered Agent			
9. Name and Address of Current Registered Agent				81 Name Barber, Tony V.			
BARBER, TONY V 2225 PALOMA STREET APT C NAVARRE FL 32566				82 Street Address (P.O. Box Number is Not Acceptable) 2655 Bob White Circle			
				83			
				84 City Navarre			
				85 FL			
				86 Zip Code 32566			

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 re-registering)

DATE

04-20-97

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBER, TONY V		1.2 NAME	Barber, Tony V.	
STREET ADDRESS	2225 PALOMA STREET APT C		1.3 STREET ADDRESS	2655 Bob White Circle	
CITY-ST-ZIP	NAVARRE FL 32566		1.4 CITY-ST-ZIP	Navarre FL 32566	
TITLE	ST	<input type="checkbox"/> DELETE	2.1 TITLE	Sec. Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBER, LAINIE W		2.2 NAME	Barber, Lainie W.	
STREET ADDRESS	2225 PALOMA STREET APT C		2.3 STREET ADDRESS	2655 Bob White Cir.	
CITY-ST-ZIP	NAVARRE FL 32566		2.4 CITY-ST-ZIP	Navarre, FL 32566	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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:

3 H.M.

04-20-97

CR2E034 (9/96)