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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Martham  
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

21 151 Mary Esther Blvd

Suite, Apt. #, etc.

22 #405 B

City & State

23 Mary Esther, FL

Zip

24 32569

Country

25 U.S.A.

26 Mailing Address

26 151 Mary Esther Blvd.

Suite, Apt. #, etc.

27 #405 B

City & State

28 Mary Esther, FL

Zip

29 32569

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

BARBER, TONY V  
2225 PALOMA STREET APT C  
NAVARRE FL 32566

2655 Bob White Circle  
Navarre, FL 32566

81 Name

Barber, Tony V.

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

2655 Bob White Circle

83

84 City

Navarre

FL 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

*T. V. M.*

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

(NOTE: Registered Agent signature required when registering)

04-20-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME BARBER, TONY V  
STREET ADDRESS 2225 PALOMA STREET APT C  
CITY-ST-ZIP NAVARRE FL 32566

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Change

Addition

President  
Barber, Tony V.  
2655 Bob White Circle  
Navarre FL 32566

TITLE ST  
NAME BARBER, LAINIE W  
STREET ADDRESS 2225 PALOMA STREET APT C  
CITY-ST-ZIP NAVARRE FL 32566

DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Change

Addition

Sec. Treas  
Barber, Lainie W.  
2655 Bob White Cir.  
Navarre, FL 32566

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

6.1 TITLE

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 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

*T. V. M.*

04-20-97

FILED

Apr 30 1997 8:00am  
Secretary of State



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