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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

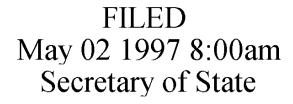
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000011927 (6)

VILLAGE III, INC.		





Funciba, Frace	e of Business	Mailing Address	3			1 10011001 210 10110 01114 (
4200 GULF DORE BLVD. NORTH NAPLES FL 33940		4200 GULF DORE NAPLES FL 33940	4200 GULF DORE BLVD. NORTH							
THE ELD TE OUT	•	1011 223 72 33370	,			3. Date Incorporated of 02/07/1996	or Qualified	3a. Dat	e of Last F	eport
2. Principal Pla	ace of Business	2a. Mailing Addr	ress			4. FEI Number			I Ar	oplied For
21		26	<u>├</u> ──			65-0669026		<u> </u>	ot Applicable	
Suite, Apt i	#, etc	Suite, Apt. #	, etc.							Additional
22		27				5. Certificate of Status	Desired			equired
City & State	2	City & State				6. Election Campaign	Financing		\$5.00	May Be
23		28				Trust Fund Contribu	-			to Fees
Zip	Country	Zip		Country		B. This corporation ha	s liability for i	ntanoible t	ax under s	. 199.032.
24 3410	25	29	30	5]		Florida Statutes		Yes [_	
		Current Registered Agent		1		10. Name and Address	s of New Reg	gistered A	gent	
CATA	LANO, ANTHONY J			81	Name					_
	TAMIAMI TRAIL NORTH			100		11. (5.6.5)	1.4.4	1.)		
SUITE				62	Street A	ddress (P.O. Box Number is N	voi Acceptab	10)		
	ES FL 33940			83						
	20 / 2 000 /0									
				84	City			FL	85 Zig	Çode 4103
	to the provisions of Sections 6	27.0500 1007.4500 5:								
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agent Lar SIGNATURE	Sign dure, typed or printed name of regis	stered agent and trip if applicable	(NOTE R	egistered Age	nt signature re	ADDITIONS/CHANG	ES TO OFFIC		DIRECTOR	
agent Lar SIGNATURE _ 12.	Sign dure, typed or printed name of regis	tered agent and trip if applicable	(NOTE R	egistered Age	int signature re	ADDITIONS/CHANG				
agent Lac SIGNATURE	Sign dure, typed or printed name of regis	tered agent and trip if applicable	(NOTE R	egistered Age 13. 1.1 TITLE 1.2 NAME	nt signature re	ADDITIONS/CHANG D COTT F. LUTGERT		ERS AND		
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I am an officer or director of the corporation or a appears in Block 12 or Block 13 if changed, or c

empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

MECHOWARDEB. GUTMAN

(941) 261-6100

0524962