

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000033693 (8)

1. Corporation Name

VILLAS ON THE CIRCLE, INC.

Principal Place of Business

323 FILLMORE STREET
HOLLYWOOD FL 33019

Mailing Address

323 FILLMORE STREET
HOLLYWOOD FL 33019

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 323-12 FILLMORE ST.		04/17/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		NOT APPLICABLE	
City & State		City & State		Applied For	
23		28 HOLLYWOOD, FLORIDA		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29 33019		30	
Country		Country		6. Election Campaign Financing	
25		30		Trust Fund Contribution	
				7. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	
				8. Yes <input type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FLORIAN, NATHANIEL 323 FILLMORE STREET HOLLYWOOD FL 33019		81 Name LORENA R DIMEO, TRUSTEE	
		82 Street Address (P.O. Box Number is Not Acceptable) 323-12	
		83 50 COPPER RIDGE FILLMORE ST.	
		84 City HOLLYWOOD	
		FL 85 Zip Code 33019	

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 LORENA R DIMEO, TRUSTEE DATE 4/28/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME FLORIAN, NATHANIEL		1.2 NAME	
STREET ADDRESS 323 FILLMORE STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP HOLLYWOOD FL 33019		1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME SIMONE, JOHN		2.2 NAME	
STREET ADDRESS 323 FILLMORE STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP HOLLYWOOD FL 33019		2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME DON A FLORIAN		3.2 NAME	
STREET ADDRESS 156 SCHOOL ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP MARION, CT 06444		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME LORENA R DIMEO, TRUSTEE		4.2 NAME	
STREET ADDRESS 50 COPPER RIDGE		4.3 STREET ADDRESS	
CITY-ST-ZIP SOUTHINGTON, CT 06489		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 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: [Signature] DATE: 4/28/98 860-621-7548

CR2E034 (10/97)