8-24-97 B 8265 C SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT . 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000054677 (5)

VILLA ROSA, INC.

FILED Aug 29 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing Address			r seesther; are reine ently ently eather	JOSEC O DESET DEFET DEBET OFFICE TO BE 1881
1400 SW 80TH OCALA FL 344		DO NOT WRI	DO NOT WRITE IN THIS SPACE			
L	corrected x				 Date Incorporated or Qualified 06/25/1996 	
Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 56 SE 1ST AVE 26					59-338593	
Suite, Apt. #, etc. 22 # 101 City & State Chy & State 23 # CALA					5. Certificate of Status Desired	S8.75 Additional Fee Required
					Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 344	Country	Zip	Countr	У	8. This corporation owes or has p	
24 344	7/ 25 US/A 9. Name and Address of Currer	29	30	· · · · · · · · · · · · · · · · · · ·	Personal Property Tax due Jur 10. Name and Address of New F	
3445		п нерівтегей Арепі	81	Name	10, Name and Address of New F	registered Agent
	ITS, BARBARA W 0 SW 80TH STREET					
	LA FL 34476		82		Address (P.O. Box Number is Not Accepta	able)
			83	}		
ı			84	City		FL 85 Zip Code
11. Pursuant l	to the pravisions of Sections 607.050	02 and 607.1508. Florida State	iles, the abov	/e-named	corporation submits this statement for the	
agent. I ai	egistered agent, or both, in the State m familiar with, and accept the oblig	rol Florida Such change was ations of, Section 607.0505, F	authorized t lorida Statute	y the corp is.	oration's board of directors. Thereby acc	ept the appointment as registered
	Signature, typed or portled name of registered age			gent signature	required when reinstating)	DATE
12.	OFFICERS AN	D DIRECTORS DELETE	13. 1,1 TITLE		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12 Change
TIFLE NAME	WATTS, BARBARA W	□ MILLIE	1,1 HILE 1,2 NAME	l,	WATIS, BARBARA W.	
STREET ADDRESS	1400 SW 80TH STREET				8177 SE 12nd Ave	
CITY-ST-ZIP	OCALA FL 34476		1,4 Cily-	l II	Ocala FL. 34472	· •
BITLE	D	DELETE	2.1 TOUE		b	Change Addition
NAME	WATTS, JOHN E		2.2 NAME		WAITS, JOHN E.	
STREET ADDRESS	1400 SW 80TH STREET		2 3 STREE	T ADDRESS	8777 SE 72nd AVE	
CITY-ST-ZIP	OCALA FL 34476	· · · · · · · · · · · · · · · · · · ·	2 4 CITY	ST-ZIP	Ocala FL 34477	
TITLE		DELETE	31 THLE	}		☐ Change ☐ Additio
NAME			3 2 NAME			•
STREET ADDRESS			•	T ADDRESS		
CITY-ST-ZIP		DELETE	3.4. C(1)	ST-ZIP	<u> </u>	Change Additio
TITLE NAME		D OUTUR	4.1 HILE			LI CHANGE LI ADDINO
STREET ADDRESS			4, 2 NAMI	T ADDRESS		
CITY-ST-ZIP			4.4 CHY-			•
TITLE		DELETE	5 1 IIILE	01-111		Change Additio
NAME			5.2 NAME	f		
STREET ADDRESS			- L	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-			
TITLE	Marie 1 Fr	DELETE	6.1 TITLE			Change Additio
NAME			6.2 NAME			
STREET ADDRESS			6.3 \$1REF	1 ADDRESS		
C/TY-ST-7IP			64 CHY-	ST-7IP		

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 logal 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.

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

DOCUMENT #	P96000054677	(5)

VILLA ROSA, INC.

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Principal Plac	e of Business	Mailing Address		T (BRUIDAL LIE IRISA BINN BONN BONL OBINL ONLY BINN BINN BUNIL CONTRACTOR
1400 SW 80TH OCALA FL 344		1400 SW BOTH STREET OCALA FL 34476-7134		
				3. Date Incorporated or Qualified 3a. Date of Last Report 06/25/1996
2. Principal P	lace of Business	2a. Mailing Address	^	4. FEI Number Applied For
21 56 Sc	OUTHEAST IST A VE	26 56 SE 1ST	AVE	59.3385933 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.			1 1 2 1	5. Certificate of Status Desired 5. Security Status Desir
City & Stat		27 Su∏€ ♥	101	Fee Required
23 OCA	ILA FLORIDA	28 OCALA F	= L .	6. Election Campaign Financing \$5,00 May Be Trust Fund Contribution Added to Fees
210 24 3447	Country 25 USA	7ip 39 34471 30	Country OSA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
241 - 111	9. Name and Address of Current		0 03/1	10. Name and Address of New Registered Agent
WAT	ITS, BARBARA W		81 Name	· · · · · · · · · · · · · · · · · · ·
	O SW 80TH STREET		90 84	Address (D.O. Day Murchar is Not Association
	LA FL 34476		82 Street	Address (P.O. Box Number is Not Acceptable)
			83	
ł				
ĺ			84 City	OCALA FL 85 ZID Code
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 r agent. I a	egistered agent, or both, in the State on Implementation in the State of the collige in the colline in the coll	of Florida, Such change was aut itions of, Section 607.0505, Florid	thorized by the cor da Statutøs.	corporation submits this statement for the purpose of changing its registered poralion's board of directors. Thereby accept the appointment as registered
SIGNATURE	Signature, typicd or protect many of togratered agen			o required when reinstating) DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELFTE	1.1 TITLE	▶ ☐ Change ☐ Addition
N J ME	WATTS, BARBARA W		1.2 NAME	WATTS, BARBARA W
S REET ADDRESS	1400 SW 80TH STREET		1.3 STREET ADDRESS	56 se 1st Avenue # 101
CITY-ST-ZIP	OCALA FL 34476		1.4 CITY - ST - ZIP	OCALA FL 34471
TITLE	D	DELETE	2 1 TITLE	b □ Change □ Addition
NAME	WATTS, JOHN E	+	22 NAME	WATTS, JOHN E
STREET ADDRESS	1400 SW 80TH STREET		2.3 STREET ADDRESS	56 SE 1ST AJENUE # 101
CITY-ST-ZIP	OCALA FL 34476		2. 4 CITY - \$1 - ZIP	O(ALA FL 34471
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS		1	3.3 STREET ADDRESS	
CITY-ST-ZIP		□ DELETE	3.4. CITY - ST - ZIP	D Change L L Addition
TITLE		ר ווינונים	4.1 TITLE	☐ Change ☐ Addition
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STREET ADDRESS			4 3 STREET ADDRESS	Į į
CITY-ST-ZIP TITLE		☐ DELF1E	4.4 C/TY - ST - ZIP 5.1 T/TLE	☐ Change ☐ Addition
		LJ DECET	5.2 NAME	, Change Addition
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STREET ADDRESS				
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CHY-ST-ZIP 6.1 TITLE	Change Addition
NAME		<i>o</i>	6.2 NAME	Lu change Lu Moutton
			63 STREET ADDRESS	ļ
STREET ADDRESS			8	
CITY-ST-ZIP			6.4 CITY - ST - 7IP	

4. 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 eath; 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

Br. 24 77

7/199

R2E034 (9/96)