Applied For

Fee Required \$5.00 May Be

Not Applicable \$8.75 Additional

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

**PROFIT CORPORATION ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

<b>DOCUMENT #</b>	P96000071035
1. Corporation Name	1 0000001 1000

VILLA DEL MAR, INC.

Principal Place of Business	Mailing Address	
799 JEFFREY STREET. SUITE 414 BOCA RATON FL 33483	799 JEFFREY STREET. SUITE 414 BOCA RATON FL 33483	

2.	Principal Place of Business	2a. Mailing Address
21		26 516 Commordone Cir.
	Suite, Apt. #, etc.	Suite, Apt. #, etc.
22		27
	City & State	City & State
23		28 DELRAY BEACH, FC
	Zip Country	
24	25	29 33483 30 USA
	g. Name and Address of	Current Registered Agent

ED BUSH & ASSOCIATES, P.A. 301 CLEMATIS STREET, STE 200 WEST PALM BEACH FL 33401

Trust Fund Contribution  B. This corporation owes the  Personal Property Tax		Trust Fund Contribution	ri owes the current year Intangible	
		10. Name and Address of New Regi	istered Agent	
81	Name			
82	Street Addr	ess (P.O. Box Number is Not Acceptable	)	
83				
84	City		[85] Zu	p Code

3. Date Incorporated or Qualifed

NOT APPLICABLE

5. Certificate of Status Desired

6. Election Campaign Financing

08/26/1996 4. FEI Number

DO NOT WRITE IN THIS SPACE

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

omce or re agent. I a	egistered agent, or both, in the State of Florida. Such change was aum familiar with, and accept the obligations of, Section 607.0505, Flori	ithorized by the corpo ida Statutes	pration's board of directors. I hereby accept the app	cointment as registered
SIGNATURE	Signature, typed or printed name of registered agent and bits if applicable (NOTE	Registered Agent signature in	easired when reinstating DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D DELETE	1.1 TITLE		Change [] Add to
NAME	BIELSKI, PAULA E	1.2 NAME		
STREET ADDRESS	799 JEFFERY STREET #414	13 STREET ADORESS	1996 479 SEABROOK RO	
CITY-ST-ZIP	BOCA RATON FL 33483	14 Crity-ST-ZiP	TEQUESTA, PL 33	469
TITLE	[] DELETE	21 TITLE		[   Change
NAME		2 2 NAME	90000277	4149B
STREET ADDRESS		23STREET ADDRESS	-02/12/99-	-01071012
CITY-ST-ZIP		2 4 CITY-ST-ZIP	****635.00	
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NAME		3.2 NAME		
STREET ADDRESS		33 STREET ADORESS		
CATY-ST-ZIP		34 CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TifLE		[   Change   [   Additio
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	51 TITLE		[ ] Change [ ] Addition
NAME		52 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE	[] DELETE	6 1 TITLE	- · · · · · · · · · · · · · · · · · · ·	[   Change
NAME		6.2 NAME		
STREET ADDRESS		63 STREET ADDRESS		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fronda 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 operation that my name appears in all other like empowered.

SIGNATURE:

2/2/89

305-688-3290