## 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 # P96000082582 (3)

VILLAGE HOME MANAGEMENT, INC.

## FILED May 06 1997 8:00am Secretary of State



Principal Place of Business Mailing Address								
11811 US HWY 1 1007 HW			33408-2844	•				
					3. Date Incorporated or Qualified 10/02/1996	3a. Date of Last	Report	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	· · · · · · · · · · · · · · · · · · ·	Applied For	
	التي يورون التي التي يورون التي التي يورون التي التي التي يورون التي التي يورون التي التي التي التي التي التي ا				65-0700 190		Not Applicable	
22 # 121	27				5. Certificate of Status Desired	1 1	Additional Required	
City & State	8 State Up, ten FL 28 City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees			
Zio - 1 -	Country	Zıp	Cour	itry	8. This corporation has liability for in		s. 199.032,	
24 2247	17 25 USA	29	30	<del></del>		Yes No	<del></del>	
	9. Name and Address of Current	Registered Agent		81 Name	10. Name and Address of New Re	istered Agent		
	LMS, FRANCIS F III		(	81 Name				
11811 US HWY 1				82 Street Address (P.O. Box Number is Not Acceptable)				
NORTH PALM BEACH FL 33408			ļ	83				
(				84 City		85 Zi	p Code	
					corporation submits this statement for the p	_ FL		
agent. La	mi familiar with, and accept the obligat	tions of, Section 607.0505, Florand trife (applicable) (NOT	orida Statu re: Registered	ites.	poration's board of directors. I hereby acception of the state of the	DAYE		
12.	OFFICERS AND	DELETE	13.			Change		
NAME		Щ ресете	1.2 NA		PRESIDENT		-	
STREET ADDRESS				REET ADDRESS	MARSHA DOHNSON 185 E. INDIANTOWN	Dd Cate 170	-	
CITY-ST-ZIP				Y-ST-ZIP	LADITED ET 3242	7	>	
TITLE		DELETE	2.1 111		30F11CZ) 1 C 3313	Charige	e Addition	
NAME		_	2.2 NA	ME			<del></del>	
STREET ADDRESS			2.3 \$11	REET ADDRESS	-			
CHTY-ST-ZIP			2.4 CI	TY-ST-ZIP		·		
TITLE		DELETE	3 1 117			☐ Change	e 🔲 Addition	
NAME			3.2 NA	ME				
STREET ADDRESS			3.3 ST	REET ADDRESS				
CITY - STZIP		····	3.4. CI	TY-ST-ZIP			····	
TITLE		☐ DELETE	4.1 TIT	LE		☐ Change	e 🔲 Addition	
NAME			4. 2 NA	IME	·			
STREET ADDRESS				REET ADDRESS	N 11 10			
CITY - ST - ZIP	,	Flociere		Y-ST-ZIP	Ph N	T 1 (h	a [] Addition	
LILTE		DELETE	5.1 117		<b>₹</b>	Change	e [] Addition	
NAME GLOCAL LONDINGS			5.2 NA		$\gamma$			
STREET ADDRESS				REET ADDRESS				
CHY-ST-ZIP TITLE		DELETE	5.4 CIT	Y-SY-ZIP		Change	e 🔲 Addition	
NAME		FT percie	6.2 NA		80000217 -05/08/970112	2028	regulon	
STREET ADDRESS				reet address	-05/08/970112	22050		
City+St-Zip				Y-ST-ZIP	***165.00			
	L by certify that the information supplied	with this filing does not qual			tated in Section 119.07(3)(i), Florida Statute	I further certify the	at the	

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 oath; that I am an officer or director of the corporation or the receiver of truetee 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 AND TYPED OR PRINTED NAME

F SIGNAL OFFICER OF DIRECTOR MARSHA

7/28/97 (361)37