## 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

## DOCUMENT # P96000091510

1. Corporation Name

VILLA CINDERELLA, INC.

Principal Pla	ice of B	usiness
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Mailing Address

ERNEST A SEEMAN ESO

## **FILED** Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90072 048 \*\*\*150.00



1105 CAPE COF	1105 CAPE CORAL PARKWAY, E. 1105 CAPE CORAL PARKWAY, E. CAPE CORAL FL 33904 CAPE CORAL FL 33904			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 11/04/1996				
2. Principal Pl	al Place of Business 2a. Mailing Address				4. FEI Number	Ap	plied For	
21		26	26		65-0706918	No	t Applicable	]
Suite, Apt. #, etc.		Suite, Apt. #, etc.	¬		5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	¬ '		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	<u></u>		8. This corporation owes the current year Intangible			
24	25	29	30		Personal Property Tax.	_ Yes	□No	ĺ
	9. Name and Address of C	urrent Registered Agent			10. Name and Address of New Registered	Agent		}
			_	81 Name	<del></del>			
SEEMANN, ERNEST A ESQ.		ļ	P3 Cturet Add	and (B.O. Boy Number is Not Assentable)			{	
1105	CAPE CORAL PKWY, EAS	T .	82 Street Add		ress (P.O. Box Number is Not Acceptable)			
SUIT	EC		ŀ	83				1
CAPE	E CORAL FL 33904		ļ			<del></del>		1
				84 City	FL	85 Zip C	Code	
11. Pursuant office or reagent. I as	to the provisions of Sections 60 egistered agent, or both, in the n familiar with, and accept the or	7.0502 and 607.1508, Florida Statut State of Florida. Such change was a obligations of, Section 607.0505, Flo	es, the at uthorized rida Statu	pove-named corp by the corporati ites.	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	changing its	registered gistered	
SIGNATURE	Signature, typed or printed name of register	red agent and title if applicable. (NOTE	: Registered	Agent signature require				ĺá
12.	OFFICER	RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12	ő
TITLE .	D	☐ DELETE	1.1 111	LE		☐ Change	☐ Addition	1 =
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NAME	•		6.2 NA	ME				
STREET ADDRESS			6.3 STI	REET ADDRESS				1
OTT - OT 710			64 CIT	V-ST-7IP				}

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 empewered 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR DAINTED NAME OF SIGNING OFFICER OR DIRECTOR

03.25.99

Daytime Phone #