

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

FILED

Mar 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 # P97000028515 (9)

1. Corporation Name
VIZCAYA ON THE GREEN, INC.

Principal Place of Business 3323 W. COMMERCIAL BOULEVARD SUITE 100 FORT LAUDERDALE FL 33309	Mailing Address 3323 W. COMMERCIAL BOULEVARD SUITE 100 FORT LAUDERDALE FL 33309
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/27/1997

2. Principal Place of Business 21 6261 NW 6 WAY Suite, Apt. #, etc. 22 103 City & State 23 FT LAUDERDALE FL Zip 24 33809	2a. Mailing Address 26 PO Box 936467 Suite, Apt. #, etc. 27 City & State 28 MARBATE FL Zip 29 33093
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4. FEI Number
65-0741136

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BENSON, JOHN D ESO
6261 N.W. 6 WAY
SUITE 103
FORT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D TRONCO, EDWARD
STREET ADDRESS	3323 W. COMMERCIAL BOULEVARD, SUITE 100
CITY-ST-ZIP	FORT LAUDERDALE FL 33309
TITLE	<input type="checkbox"/> DELETE
NAME	D TRONCO, RITA
STREET ADDRESS	3323 W. COMMERCIAL BOULEVARD, SUITE 100
CITY-ST-ZIP	FORT LAUDERDALE FL 33309
TITLE	<input type="checkbox"/> DELETE
NAME	D ALBERT, PETER A
STREET ADDRESS	3323 W. COMMERCIAL BOULEVARD, SUITE 100
CITY-ST-ZIP	FORT LAUDERDALE FL 33309
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D TRONCO, EDWARD
1.3 STREET ADDRESS	4130 W PALMAIRE DR.
1.4 CITY-ST-ZIP	ROMANO BEACH FL 33069
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TRONCO, RITA
2.3 STREET ADDRESS	4130 W PALMAIRE
2.4 CITY-ST-ZIP	ROMANO BEACH FL 33069
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D ALBERT, PETER
3.3 STREET ADDRESS	PO BOX 936467 N/D
3.4 CITY-ST-ZIP	MARBATE FL 33093
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RITA TRONCO 3-9-98. 954-917-8835

CR2E034 (10/97)