

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

FILED  
Mar 16, 1999 8:00 am  
Secretary of State

03-16-1999 90004 001 \*\*\*150.00

DOCUMENT # P97000028515

1. Corporation Name

VIZCAYA ON THE GREEN, INC.

Principal Place of Business

6261 NW 6 WAY  
103  
FORT LAUDERDALE FL 33309  
US

Mailing Address

PO BOX 936467  
~~SUITE 103~~  
MARGATE FL 33093  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/27/1997

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 SUITE 103

23 City & State

24 Zip Country

25 33093 USA

2a. Mailing Address

26 P.O. BOX 936467

27 Suite, Apt. #, etc.

28 City & State

29 MARGATE, FL.

29 Zip Country

30 33093 USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip 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 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 D ☐ DELETE

NAME TRUNCO, EDWARD  
STREET ADDRESS 4130 W PALMAIRE DR  
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE D ☐ DELETE

NAME TRUNCO, RITA  
STREET ADDRESS 4130 W PALM AIRE  
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE D ☐ DELETE

NAME ALBERT, PETER A  
STREET ADDRESS PO BOX 936467  
CITY-ST-ZIP MARGATE FL 33093

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

BY TREASURER  
TRUNCO, EDWARD  
4130 W PALM AIRE DR # 301 A  
POMPANO BEACH FL 33069

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

PRESIDENT  
TRUNCO, RITA  
4130 W PALM AIRE DR # 301 A  
POMPANO BEACH FL 33069

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

VICE PRESIDENT  
ALBERT, PETER A  
P.O. BOX 93-4904  
MARGATE, FL 33093

☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)