**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000087602**

24

FLORIDA VILLAS INTERNATIONAL INC.

Principal Place of Business	Mailing Address		
1900 main street STE 200	1900 main street Ste 200		
Sarasota FL 34236	Sarasota fl 34236		

Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 28 Country Zip Zip Country

30 29 9. Name and Address of Current Registered Agent

## **FILED** Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90036 013 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5:00 May Be Added to Fees

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

Trust Fund Contribution

Personal Property Tax.

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

10/09/1997

65-0807966

4. FEI Number

EAST	OE, MICHAEL G			I CAMEL 4	C-17 3/4				
1900 MAIN STREET STE 200			82 Street	Address (P.O. Box Number is Not	Acceptable)	ACI.	<u>_</u>		
SAR	ASOTA FL 34236-	83	411 636.402	CLOCKE C	<u> </u>				
	<u> </u>								
			84 City	MA5074	FL	85 Zip C	7º >		
44 5	4 C-400 607 0502 and 607 1	EOO Florido Statutos				hanging its re	egistered		
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 Standard properties based or printed name of registered ecent and title if epolicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
			# 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
<b>12.</b> πιε	P OFFICERS AND DIRECTO	DELETE	1.1 TITLE	ABBITIONOGOTOTIO	10 011102101	Change	Addition		
	EASTOE, MICHAEL G.	<b>3</b>	1.2 NAME						
NAME	1900 MAIN STREET, SUITE 200		1.3 STREET ADDRESS						
STREET ADDRESS	SARASOTA FL 34236		1.4 City-St-ZIP						
CITY-ST-ZIP	VP	□ DELETE	2.1 TITLE			Change	Addition		
TITLE	YATES, EDWARD		2.2 NAME			_ `	_		
NAME	1900 MAIN STREET, SUITE 200		2.3 STREET ADDRESS						
STREET ADDRESS	,				,		ļ		
CITY-ST-ZIP	SARASOTA FL 34236	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	·S		Change	Addition		
TITLE		_ OLLETE	3.2 NAME				_		
NAME	EASTOE, MAULINE		1	EASTOE, PAULINE			\		
STREET ADDRESS	1900 MAIN STREET, SUITE 200		3.3 STREET ADDRESS	1900 MAIN STREET,	SUITE 200		Ì		
CITY-ST-ZIP	SARASOTA FL 34236	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	SARASOTA, FLORIDA	34236	☐ Change	Addition		
TITLE	TR	□ DELETE	4.1 IIILE 4.2 NAME			onango			
NAME	YATES, ELAINE						1		
STREET ADDRESS	1900 MAIN STREET, SUITE 200		4.3 STREET ADDRESS				[		
CITY-ST-ZIP	SARASOTA FL 34236	DELETE	4.4 CITY-ST-ZIP			Change	☐ Addition		
TITLE		LI VELETE	5.1 TITLE 5.2 NAME			+			
NAME			5.3 STREET ADDRESS						
STREET ADDRESS	·		5.4 CITY-ST-ZIP						
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			☐ Change	Addition		
TITLE		MELETE	6.2 NAME			01101190			
NAME			6.3 STREET ADDRESS				}		
STREET ADDRESS									
CITY-ST-ZIP.	fig. 4 at the information applied with this filing	doce not qualify for the	6.4 CITY-ST-ZIP	t in Section 119 07/3\(ii) Florida S	tatutes I further certi	fy that the in	formation		
14. I hereby certify that the information supplied with this filling 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 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 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 indicated on this annual report or supplemental annual report is true.									

Block 12 or Block 13 if changed, or