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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90093 019 \*\*\*150.00

r. Corporation	MENT # <b>P98000</b> VILLAS, INCORPORATED	070123					
Principal Place	e of Business	Mailing Address			T (SD) (NO 1 (SD ) COTES 10) (E BUTTI NO	<b>19</b>     <b>80</b>        <b>80</b>     <b>90</b>    <b>3</b>	11 M 10 M 10 M 11 M 10 M 10 M 10 M 10 M
100 W. LIVINGS	STON ST.	P.O. BOX 541539					
ORLANDO FL 32854 ORLANDO FL 32854-1539					DO NOT WELL	FE IN THIS SPACE	
					Date Incorporated or Qualifed	IE IN THIS SPACE	
					08/06/1998		
2 Dringing D	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
¬ .	lace of business	26. Walling Address			59-3547768		Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				<b>58.7</b>	5 Additional
¬ ''	<i>"</i> , 5.6.	27			5. Certifcate of Status Desired	Fee	Required
City & State		City & State		6. Election Campaign Financing	\$5.	00 May Be	
23		28			Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes the curre		
24	25	29	30		Personal Property Tax.	Yes	
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New R	legistered Agent	
1140	ALEMONIO VASILLANA A		81	1 Name			
HARMENING, WILLIAM A 100 W. LIVINGSTON ST.		8		2 Street Addr	treet Address (P.O. Box Number is Not Acceptable)		
UHL	ANDO FL 32854		8	3			ĺ
			I .			los l	Zip Code
			84	4 City		EJ (85) 2	p 0000
11. Pursuant office or reagent. La	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	o2 and 607 1508, Florida Statut of Florida. Such change was a titons of, Salation 607 0505, Flo		,	poration submits this statement for the on's board of directors. I hereby accep	FL	· 1
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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 oddress, with all other like empowered.

WILLIAK D HARMENING (407)843-6355