

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V35089** ✓  
Corporation Name  
**VILLAGE INVESTMENT PROPERTY, INC.**

Principal Place of Business  
P.O. BOX 271804  
TAMPA FL 33688

Mailing Address  
P.O. BOX 271804  
TAMPA FL 33688

**FILED**  
**Sep 08, 1999 8:00 am**  
**Secretary of State**

09-08-1999 90001 009 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/08/1992	
City & State		City & State		4. FEI Number	
Zip		Zip		59-3120823	
Country		Country		Applied For	
25		29		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
HARTMANN, ALICE				<input type="checkbox"/> \$8.75 Additional Fee Required	
11924 CONGRESSIONAL DR				6. Election Campaign Financing	
TAMPA FL 33626				<input type="checkbox"/> \$5.00 May Be Added to Fees	
10. Name and Address of New Registered Agent				8. This corporation owes the current year Intangible Personal Property.	
81 Name				<input type="checkbox"/> Yes <input type="checkbox"/> No	
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				85 Zip Code	
FL					

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
P HARTMANN, ALICE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11924 CONGRESSIONAL DR.					
TAMPA FL					
<input type="checkbox"/> DELETE					
ET ADDRESS					
ST-ZIP					
<input type="checkbox"/> DELETE					
ET ADDRESS					
ST-ZIP					
<input type="checkbox"/> DELETE					
ET ADDRESS					
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ET ADDRESS					
ST-ZIP					
<input type="checkbox"/> DELETE					
ET ADDRESS					
ST-ZIP					

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:

*Alice Hartmann*

9/ 99 813 962 8600

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CR2E034 (5/99)