SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V72683** **(8)**

1. Corporation Name
VILLA ST. JOHN BEACH, INC.

Principal Place of Business
792 NATALIE LANE
PALM HARBOR FL 34683

Mailing Address
792 NATALIE LANE
PALM HARBOR FL 34683

½

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 1103 Florida Ave.
Suite, Apt. #, etc.
27 Suite 4
City & State
28 Palm Harbor, FL
Zip 29 34683 Country 30 US

3. Date Incorporated or Qualified: **10/20/1992**
3a. Date of Last Report: **04/12/1995**
4. FEI Number: **59-3145383** 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes [X] No

9. Name and Address of Current Registered Agent
LABRECQUE, EDWARD C
261 ALTERNATE US 19
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent
81 Name: James J. Spanolios, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 36358 U.S. Hwy. 19 N.
83
84 City: Palm Harbor FL 85 Zip Code: 34684

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: J. Spanolios — Signature (typed, printed or rubber stamped name not acceptable) — James J. Spanolios, Esq. (NOTE: Registered Agent's signature required when resigning) — Date: 7/9/96

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	BALESTRIERI, HENRI
STREET ADDRESS	128 MARINER DR.
CITY-ST-ZIP	TARPON SPRINGS FL

☐ DELETE

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

☐ DELETE

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

☐ DELETE

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

☐ DELETE

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet with an address.

SIGNATURE: 7/9/96 813-786-4947
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
HENRI BALESTRIERI PRESIDENT

CR2E034 (3/96)