

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Candra S. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07 1997 8:00am
Secretary of State

DOCUMENT # **995000081174**
1. Corporation Name
GRANDE VILLAS CORP.

Principal Place of Business: **88 New Dorp Plaza Staten Island, NY**
Mailing Address: **P.O. Box 1077 Winter Park, FL 32790**

3. Date incorporated or Quilted: **10/23/95**
3a. Date of Last Report: **11/27/96**
4. FEI Number: _____ Applied For Not Applicable
5. Certificate of Status Destroyed: **\$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 No

2. Principal Place of Business: _____
2a. Mailing Address: _____
21. Suite, Apt. #, etc.: _____
22. Suite, Apt. #, etc.: _____
23. City & State: _____
24. City & State: _____
25. City & State: _____
26. City & State: _____
27. City & State: _____
28. City & State: _____
29. City & State: _____
30. City & State: _____

9. Name and Address of Current Registered Agent
**Capital Connection, Inc.
417 East Virginia St.
Suite 1
Tallahassee, Florida 32302**

10. Name and Address of New Registered Agent
81. Name: _____
82. Street Address (P.O. Box Number is Not Acceptable): _____
83. _____
84. City: _____
85. State: **FL**
86. 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, or agent-in-trust, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Type or print name of registered agent and title if applicable) (NOTE: Registered agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11.1 NAME STREET ADDRESS CITY-STATE-ZIP	PD John Merolo 88 New Dorp plaza Staten Island, New York <input type="checkbox"/> DELETE	11.1 TITLE: _____ 11.2 NAME: _____ 11.3 STREET ADDRESS: _____ 11.4 CITY-STATE-ZIP: _____
11.2 NAME STREET ADDRESS CITY-STATE-ZIP	_____ <input type="checkbox"/> DELETE	2.1 TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME: _____ 2.3 STREET ADDRESS: _____ 2.4 CITY-STATE-ZIP: _____
11.3 NAME STREET ADDRESS CITY-STATE-ZIP	_____ <input type="checkbox"/> DELETE	3.1 TITLE: Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME: Anna See 3.3 STREET ADDRESS: 1786 S. Mooring Drive/PO Box 815 3.4 CITY-STATE-ZIP: Inverness, Florida 34451
11.4 NAME STREET ADDRESS CITY-STATE-ZIP	_____ <input type="checkbox"/> DELETE	4.1 TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME: _____ 4.3 STREET ADDRESS: _____ 4.4 CITY-STATE-ZIP: _____
11.5 NAME STREET ADDRESS CITY-STATE-ZIP	_____ <input type="checkbox"/> DELETE	5.1 TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME: _____ 5.3 STREET ADDRESS: _____ 5.4 CITY-STATE-ZIP: _____
11.6 NAME STREET ADDRESS CITY-STATE-ZIP	_____ <input type="checkbox"/> DELETE	6.1 TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME: _____ 6.3 STREET ADDRESS: _____ 6.4 CITY-STATE-ZIP: _____

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(f), 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. This is 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: Anna See **April 30, 1997** 352-726-110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Month/Day/Year)

Ann See, Director