

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Jan 14 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 283055 (2)
1. Corporation Name:
BRANDA VISTA, INC.



Principal Place of Business: **4805 BEACH PARK DRIVE TAMPA FL 33609-3619 US**
Mailing Address: **4805 BEACH PARK DRIVE TAMPA FL 33609-3619 US**

3. Date incorporated or Qualified: **07/08/1964**
3a. Date of Last Report: **01/23/1996**

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

2a. Mailing Address:
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country

4. FEI Number: **59-1088258**
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 No

9. Name and Address of Current Registered Agent:
**RUBENSTEIN, IRENE B
4805 BEACH PARK DR
TAMPA FL 33609**

10. Name and Address of New Registered Agent:
81. Name
82. Street Address (P O Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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: _____ DATE: _____
Signature type in printed name of registered agent if applicable. (Initials) Registered Agent signatures required when filing change.

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	RUBENSTEIN, IRENE B.	
STREET ADDRESS	4805 BEACH PARK DR	
CITY - ST - ZIP	TAMPA FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	RUBENSTEIN, IRENE B.	
STREET ADDRESS	4805 BEACH PARK DR	
CITY - ST - ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MESSHAM, ROWAN L. DR.	
STREET ADDRESS	3908 GLENCO COURT	
CITY - ST - ZIP	MURRYSVILLE PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHELMIS, ELLEN RUBENSTE	
STREET ADDRESS	2062 GREENWAY AVENUE	
CITY - ST - ZIP	CHARLOTTE NC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY - ST - ZIP	

14. I do 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: *Sandra B. Rubenstein (IRENE B. RUBENSTEIN) 1/14/97 286-2725*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)