


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

FILED

Apr 24 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 # 332698 (0) 1. Corporation Name Vista Insurance Services, Inc.					
Principal Place of Business 1375 Buena Vista Dr. Lake Buena Vista, FL 32830			Mailing Address 500 S. Buena Vista St. Burbank, CA 91521-0586		
2. Principal Place of Business 21 1375 Buena Vista Drive Suite, Apt. #, etc.		2a. Mailing Address 26 500 S. Buena Vista Street Suite, Apt. #, etc.		3. Date Incorporated or Qualified 7/19/68	
22 City & State 23 Lake Buena Vista, FL Zip Country 24 32830 25 USA		27 City & State 28 Burbank, CA Zip Country 29 91521-0586 30 USA		3a. Date of Last Report 4/18/96	
2. Principal Place of Business 21 1375 Buena Vista Drive Suite, Apt. #, etc.		2a. Mailing Address 26 500 S. Buena Vista Street Suite, Apt. #, etc.		4. FEI Number 95-2554277	
22 City & State 23 Lake Buena Vista, FL Zip Country 24 32830 25 USA		27 City & State 28 Burbank, CA Zip Country 29 91521-0586 30 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
2. Principal Place of Business 21 1375 Buena Vista Drive Suite, Apt. #, etc.		2a. Mailing Address 26 500 S. Buena Vista Street Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
22 City & State 23 Lake Buena Vista, FL Zip Country 24 32830 25 USA		27 City & State 28 Burbank, CA Zip Country 29 91521-0586 30 USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent Frank S. Ioppolo 1375 Buena Vista Dr. 4th Floor North Lake Buena Vista, FL 32830			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
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4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 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: Rose Mary Fitzgerald <i>Rose Mary Fitzgerald</i> 4/15/97 (407) 828-4080 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)