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FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90075 039 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 332698

1. Corporation Name

VISTA INSURANCE SERVICES, INC.

Principal Place of Business

**1375 BUEN VISTA DR.
LAKE BUENA VISTA FL 32830
US**

Mailing Address

**500 SOUTH BUEN VISTA STREET
BURBANK CA 91521-0586
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/19/1968

4. FEI Number

95-2554277

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1375 BUENA VISTA DRIVE
Suite, Apt. #, etc.

2a. Mailing Address

26 500 SOUTH BUENA VISTA STREET
Suite, Apt. #, etc.

22 4TH FLOOR NORTH
City & State

27
City & State

23 LAKE BUENA VISTA, FL
Zip Country

28 BURBANK, CA
Zip Country

24 32830 **25 US**

29 91521-0586 **30 US**

9. Name and Address of Current Registered Agent

**FRANK S. IOPPOLO
1375 BUENA VISTA DRIVE
4TH FLOOR
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

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **GREEN, JUDSON C**
CITY-ST-ZIP **500 S BUENA VISTA ST
BURBANK CA 91521**

TITLE ☒ DELETE
NAME **S**
STREET ADDRESS **FITZGERALD, ROSE MARY**
CITY-ST-ZIP **1375 BUENA VISTA DRIVE
LAKE BUENA VISTA FL 32830**

TITLE ☐ DELETE
NAME **VT**
STREET ADDRESS **CARPENTER, FARRIS E.**
CITY-ST-ZIP **1375 BUENA VISTA DRIVE
LAKE BUENA VISTA FL 32830**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **LITVACK, SANFORD M**
CITY-ST-ZIP **500 S BUENA VISTA ST
BURBANK CA 91521**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **REED, MARSHA L**
CITY-ST-ZIP **500 S BUENA VISTA ST
BURBANK CA 91521**

TITLE ☐ DELETE
NAME **AT**
STREET ADDRESS **BUETTNER, ANNE L**
CITY-ST-ZIP **500 S. BUENA VISTA ST.
BURBANK CA 91521**

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 **VS**
2.3 STREET ADDRESS **BARLEY, CRAWFORD**
2.4 CITY-ST-ZIP **1375 BUENA VISTA DRIVE
LAKE BUENA VISTA, FL 32830**

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 **ASD**
5.3 STREET ADDRESS **REED, MARSHA L.**
5.4 CITY-ST-ZIP **500 SOUTH BUENA VISTA STREET
BURBANK, CA 91521**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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, with all other like empowered.

SIGNATURE: **MARSHA L. REED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(818) 560-1000

Daytime Phone #

CR2E034 (1/98)