

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

FILED

May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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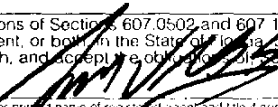
DOCUMENT # **K63649** (3)
1. Corporation Name
AVISTA MANAGEMENT, INC.

Principal Place of Business 3330 WEST COLONIAL DRIVE ORLANDO FL 32808	Mailing Address 3956 W COLONIAL DR. ORLANDO FL 32808 US
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DO NOT WRITE IN THIS SPACE

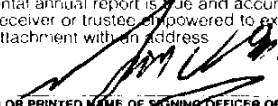
2. Principal Place of Business 21 5353 CONROY ROAD Suite, Apt. #, etc. 22 City & State 23 ORLANDO, FLORIDA Zip Country 24 32811 25 ORANGE		2a. Mailing Address 26 5353 CONROY ROAD Suite, Apt. #, etc. 27 City & State 28 ORLANDO, FLORIDA Zip Country 29 32811 30 ORANGE		3. Date Incorporated or Qualified 02/06/1989	
2. Principal Place of Business 21 5353 CONROY ROAD Suite, Apt. #, etc. 22 City & State 23 ORLANDO, FLORIDA Zip Country 24 32811 25 ORANGE		2a. Mailing Address 26 5353 CONROY ROAD Suite, Apt. #, etc. 27 City & State 28 ORLANDO, FLORIDA Zip Country 29 32811 30 ORANGE		4. FEI Number 59-2935372 Applied For Not Applicable	
g. Name and Address of Current Registered Agent VALBH, ANIL 3956 WEST COLONIAL DR ORLANDO FL 32808		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 5353 CONROY ROAD 83 84 City ORLANDO FL 85 Zip Code 32811		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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

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: **4/28/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST VALBH, ANIL I. 3956 W COLONIAL DRIVE ORLANDO FL ☐ DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5353 CONROY ROAD ORLANDO, FLORIDA 32811 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	25 TITLE 26 NAME 27 STREET ADDRESS 28 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	29 TITLE 30 NAME 31 STREET ADDRESS 32 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	33 TITLE 34 NAME 35 STREET ADDRESS 36 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	37 TITLE 38 NAME 39 STREET ADDRESS 40 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	45 TITLE 46 NAME 47 STREET ADDRESS 48 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	49 TITLE 50 NAME 51 STREET ADDRESS 52 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	53 TITLE 54 NAME 55 STREET ADDRESS 56 CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE:  DATE: **4/28/98**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)