

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P36189** (9)  
 1. Corporation Name  
**VISTA INVESTMENTS COMPANY**



Principal Place of Business: **5001 FAIRWAY CT, 636 ASPEN STREET, ARLINGTON TX 76010, VANDENBERG AFB, CA, US**  
 Mailing Address: **C/O DONNA MANDIS, 636 ASPEN ST, VANDENBERG AFB CA 93437-1351, US**

3. Date Incorporated or Qualified: **11/05/1991**  
 3a. Date of Last Report: **05/30/1995**  
 4. FEI Number: **75-2400907**  
 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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 **636 Aspen St.**  
 Suite, Apt. #, etc.: 22  
 City & State: 23 **Vandenberg AFB, CA**  
 Zip: 24 **93437-1351** Country: 25 **US**

9. Name and Address of Current Registered Agent: **MANDIS, DONNA M., 1001 DUANE PALMER BLVD, SEBRING FL 33870**  
 10. Name and Address of New Registered Agent: 81 Name: **Daniel J. Mandis**  
 82 Street Address (P.O. Box Number is Not Acceptable):  
 83  
 84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0092 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. I, **Daniel J. Mandis**, as authorized by the corporation's board of directors, hereby accept the appointment as registered agent. I am familiar with and agree to the provisions of Sections 607.0092 and 607.1508.  
 SIGNATURE: *Daniel J. Mandis* DATE: **22 Mar 96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANDIS, GEORGE D</b>	12. NAME	
STREET ADDRESS	<b>636 ASPEN ST</b>	13. STREET ADDRESS	
CITY-ST-ZIP	<b>VANDENBERG AFB CA</b>	14. CITY-ST-ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAGNANI, MICHAEL J.</b>	22. NAME	
STREET ADDRESS	<b>3788 W SHIELDS #105</b>	23. STREET ADDRESS	
CITY-ST-ZIP	<b>FRESNO CA</b>	24. CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAGNANI, BERNADETTE</b>	32. NAME	
STREET ADDRESS	<b>954 W. WAPELLO ST</b>	33. STREET ADDRESS	
CITY-ST-ZIP	<b>ALTADENA CA</b>	34. CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAGNANI, LEO, M.</b>	42. NAME	
STREET ADDRESS	<b>954 W. WAPELLO ST</b>	43. STREET ADDRESS	
CITY-ST-ZIP	<b>ALTADENA CA</b>	44. CITY-ST-ZIP	<b>700001833697</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAGNANI, PATTI STANZIANO</b>	52. NAME	<b>05/22/96-01013-025</b>
STREET ADDRESS	<b>4343 W. PRINCETON AVE</b>	53. STREET ADDRESS	<b>***200.00</b>
CITY-ST-ZIP	<b>FRESNO CA</b>	54. CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANDIS, DONNA M.</b>	62. NAME	
STREET ADDRESS	<b>636 ASPEN ST</b>	63. STREET ADDRESS	
CITY-ST-ZIP	<b>VANDENBERG AFB CA</b>	64. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Donna M. Mandis* DATE: **22 Mar 96** 305-734-1509  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)