


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

FILED

Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000085739 (5)
1. Corporation Name
AQUA VISTA, INC.



Principal Place of Business: 240 N. WASHINGTON BLVD., STE. 500 SARASOTA FL 34236
Mailing Address: 240 N. WASHINGTON BLVD., STE. 500 SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 535 Cheval Drive, Venice, Florida, Zip 34292, Country USA
2a. Mailing Address: 26 535 Cheval Drive, Venice, Florida, Zip 34292, Country USA
3. Date Incorporated or Qualified: 10/02/1997
4. FEI Number: 65-0794222
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

9. Name and Address of Current Registered Agent: CORPORATION SERVICE COMPANY, 1201 HAYS STREET, TALLAHASSEE FL 32301-2525
10. Name and Address of New Registered Agent: 81 Name: Robert C. Harris, 82 Street Address: 535 CHEVAL DR., 84 City: Venice, FL, 85 Zip Code: 34292

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: Robert C. Harris, Robert C. Harris Reg. Agent, 1/8/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	NAME: HARRIS, ROBERT C	1.1 TITLE:	1.2 NAME:
STREET ADDRESS: 535 CHEVAL DR. CHEVAL	CITY-ST-ZIP: VENICE FL 34292	1.3 STREET ADDRESS:	1.4 CITY-ST-ZIP:
TITLE: DST	NAME: HARRIS, MARJORIE M	2.1 TITLE:	2.2 NAME:
STREET ADDRESS: 535 CHEVAL DR. CHEVAL	CITY-ST-ZIP: VENICE FL 34292	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
TITLE:	NAME:	3.1 TITLE:	3.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE:	NAME:	4.1 TITLE:	4.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE:	NAME:	5.1 TITLE:	5.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE:	NAME:	6.1 TITLE:	6.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	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.

SIGNATURE: Robert C. Harris, 1/8/98

CR2E034 (10/97)