

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 AM 7:57

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 332698

(0)

1. Corporation Name

VISTA INSURANCE SERVICES, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
07/19/1968

3a. Date of Last Report
05/01/1994

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 has liability for intangible tax under S. 199.03?
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

**1375 BUENA VISTA DR
4 FLR N
LAKE BUENA VISTA FL 32830
US**

500 S. Buena Vista Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

91521-0340

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRANK S. IOPPOLO
1375 BUENA VISTA DRIVE
4TH FLOOR
LAKE BUENA VISTA FL 32830**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	GREEN, JUDSON C
STREET ADDRESS	500 S BUENA VISTA ST
CITY - ST - ZIP	BURBANK CA
TITLE	VT
NAME	CARPENTER, FARRIS E.
STREET ADDRESS	1375 BUENA VISTA DRIVE
CITY - ST - ZIP	LAKE BUENA VISTA, FL
TITLE	S
NAME	FITZGERALD, ROSE MARY
STREET ADDRESS	1375 BUENA VISTA DRIVE
CITY - ST - ZIP	LAKE BUENA VISTA, FL
TITLE	D
NAME	REED, MARSHA L
STREET ADDRESS	500 S BUENA VISTA ST
CITY - ST - ZIP	BURBANK CA
TITLE	D
NAME	LITVACK, SANFORD M.
STREET ADDRESS	500 S. BUENA VISTA ST
CITY - ST - ZIP	BURBANK CA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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	
2.3 STREET ADDRESS	Lake Buena Vista, FL
2.4 CITY - ST - ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	Lake Buena Vista, FL
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	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marsha L. Reed* Marsha L. Reed, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/95

(818)560-1000

DATE

TELEPHONE