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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

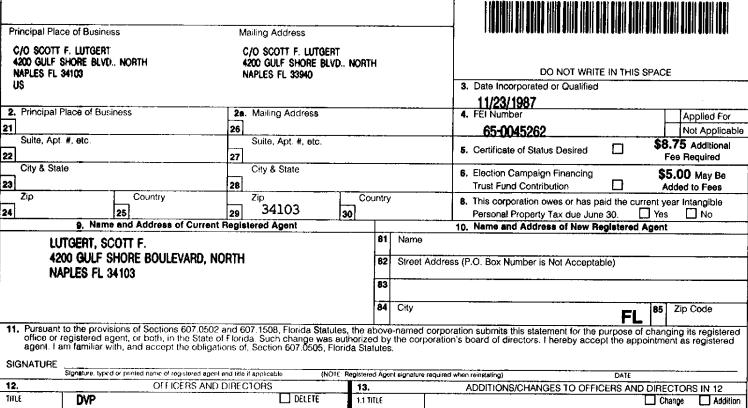
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VISTAS DEVELOPERS OF NAPLES, INC.

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NAME LUTGERT, SCOTT F. 1.2 NAME STREET ADDRESS 4200 GULF SHORE BLVD. NO 1.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE PD 2.1 TIJLE Change ■ Addition NAME LUTGERT, RAYMOND L. 2.2 NAME STREET ADDRESS 4200 SHORE BLVD NO. 2.3 STREET ADDRESS CITY-ST-ZIF NAPLES FL 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME BAKER, RICHARD J. 3.2 NAME STREET ADDRESS 4200 GULF SHORE BLVD NO 3.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME **GUTMAN, HOWARD B.** 4. 2 NAME STREET ADDRESS 4200 GULF SHORE BLVD NO. 4.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE Change 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change ■ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with the flave 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 supplied with the flave 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 supplied with the flave 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 proof of properties and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address.

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