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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

VISTA INSURANCE SERVICES, INC.					
rincipal Place of Business	Mailing Address		I INCLES HANGE USAN HAND BY HAND	DIBN TON ONEN BIBN ON	
1375 BUENA VISTA DR 4 FLR N	500 S BUENA VISTA STRI BURBANK CA 91521-0340	EET			
LAKE BUENA VISTA FL 32830	US		3. Date Incorporated or Qualified	d 3a. Dale of L	ast Report
us			07/19/1968	04/27	7/1995
Principal Place of Business	2a. Mailing Address		4. FEI Number		Applied For
1375 BUENA VISTA DR	26 500 SOUTH BUE	NA VISTA ST	REET 95-2554277		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required
(P.O. BOX 10190) City & State	City & State		6. Election Campaign Financing		55.00 May Be
	BURBANK, CA		Trust Fund Contribution		Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for		der s. 199.032,
J2030		us,	A Florida Statutes X& Y 10. Name and Address of New	/es □No	nt
9. Name and Address of Current R	egistered Agent	81 Name	10. Name and Address of New	N negistered Ago	
FRANK S. IOPPOLO		82 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)		
1375 BUENA VISTA DRIVE		83			
4TH FLOOR LAKE BUENA VISTA FL 32830		24 85		- In	5 Zip Code
LAKE BUENA VISTA PL 32630		84 City		FL.	2ip Code
or registered agent, or both, in the State of Florida.	Such change was authorized.	the above-named corp by the corporation's bo	oration submits this statement for the pard of directors. I hereby accept the a	purpose of changir appointment as regi	ig its registered of stered agent. I am
or registered agent, or both, in the State of Florida. familiar with, and accept the obligations of, Section SNATURE Signature: typed or profed name of registered agent and	Such change was authorized 607.0505, Florida Statutes.	Bigistered Agent signature requ	red when resistating)	DATE	
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