

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 332698 (0)

1. Corporation Name

VISTA INSURANCE SERVICES, INC.



Principal Place of Business

Mailing Address

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

500 S BUENA VISTA STREET  
BURBANK CA 91521-0340  
US

3. Date Incorporated or Qualified

07/19/1968

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 1375 BUENA VISTA DR

26 500 SOUTH BUENA VISTA STREET

4. FEI Number

95-2554277

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 (P.O. BOX 10190)

27

City & State

City & State

23 LAKE BUENA VISTA, FL

28 BURBANK, CA

Zip

Country

Zip

Country

24 32830

25

USA

29

91521-0586

30

USA

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

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PO	GREEN, JUDSON C	500 S BUENA VISTA ST	BURBANK CA	<input type="checkbox"/>
VT	CARPENTER, FARRIS E.	1375 BUENA VISTA DRIVE	LAKE BUENA VISTA FL	<input type="checkbox"/>
S	FITZGERALD, ROSE MARY	1375 BUENA VISTA DRIVE	LAKE BUENA VISTA FL	<input type="checkbox"/>
D	REED, MARSHA L	500 S BUENA VISTA ST	BURBANK CA	<input type="checkbox"/>
D	LITVACK, SANFORD M.	500 S. BUENA VISTA ST	BURBANK CA	<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

ROSE MARY FITZGERALD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(818) 560-1000

4-18-96

CR2E034 (12/95)