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

**PROFIT CORPORATION** ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # 354149



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Katherine Harris

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90050 005 \*\*\*150.00

VISTA PI	Roperties of Vero Beac	CH INC								
Principal Place of Business Mailing Address								1 EIE19 1811 BISI	01811 81911 B1B11 91	1611 61211 1021
100 VISTA FOYALE BLVD. VERO BEACH FL 32962-0799  100 VISTA ROYALE BLVD. VERO BEACH FL 32962-0799			799				DO NOT V	IRITE IN THI	S SPACE	
							3. Date Incorporated or Qualit		<del> </del>	
							10/21/1969			
2. Principal Pl	lace of Business	2a. Mailing Address					4. FEI Number		<u> </u>	lied For
21		26					59-1271340			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc. 27				5. Certifcate of Status Desired		\$8.75 A Fee Re	II	
City & State	e	City & State				6. Election Campaign Financi	ng 🗆	\$5.00		
23		28				Trust Fund Contribution		Added to	Fees	
Zip —	Country	Zip	Coun	itry			8. This corporation owes the	urrent year li		ı⊒No
24	25 29 30  9. Name and Address of Current Registered Agent						Personal Property Tax.  10. Name and Address of Ne	u Ponistory		1110
	9. Name and Address of Curren	Registered Agent		81	Name	<del></del> _	10. Name and Address of Ne	w Negistere	Agent	
REID, PHILIP H JR										
6606 20th Street				82	Street	t Addre	ss (P.O. Box Number is Not Acc	eptable)		
Vero Beach, FL 32966-8613			-	83				· · · · · · ·		
				84	City			F	85 Zip C	ode
	to the provisions of Sections 607.050.	Sand COZ 4500 Florido Char	taa tha ah			1 0 100	ration out to this statement for			registered
office or re	egistered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was a	authorized	DV I	the corr	oor ation	n's board of directors. I hereby ac	cept the app	pintment as rec	istered
SIGNATURE								DATE		
	Signature, typed or printed n ime of registered agen	and title if applicable. (NOT)  DIRECTORS		\geni	t signature	required	when reinstating  ADDITI DNS/CHANGES TO	DATE OFFICERS A	ND DIRECTO	25 JNJ 12
TITLE	PD OFFICERS AN	DELETE	13.			T	ADDITI JNS/CHANGES TO	OFFICEIXS F	☐ Change	Addition
			1.2 NAA						_ ,	_
NAME	AND MARK BOURTE BALES			1.3 STREET ADDRESS						
STREET ADOR :SS	VERO BEACH,FL 00000			1.4 CITY-ST-ZIP		Ί				
CITY-ST-ZIP TITLE	VD VD				- LIF				☐ Change	Addition
NAME	GASKILL, ROBERT	<u> </u>		2.2 NAME						
STREET ADDRESS	AND MORE DONALE BUILD				ADDRESS					ľ
	VEDO DEVOLEI 00000				T-ZIP					
CITY-ST-ZIP TITLE	STD DELETE 3.17			_		†			Change	Addition
NAME	The state of the contract of t		3.2 NAN	νE						
STREET ADDRESS	400 MOTA DOVALE DUM			REET	ADDRESS	3				
CITY-ST-ZIP	MEDO DEACH EL COCCO COCCO			Y-S	T- ZIP					
TITLE				4.1 TITLE					☐ Change	Addition
NAME			4. 2 NA	ΜE		1				
STREET ADDRESS	T ADDRESS		4.3 STF	4.3 STREET ADDRESS		3				
CITY-ST-ZIP			4.4 CIT	4.4 CITY-ST-ZIP						
TITLE	☐ DELETE 5.1		5.1 TITI	1 TITLE					☐ Change	☐ Addition
NAME			5.2 NAM	ME						
STREET ADDF ESS			5.3 STF	REET	ADDRESS	3				
CITY-ST-ZIP			5.4 CIT	Y-ST	r- ZIP					
TITLE		☐ DELETE	6.1 TITI	E					Change	☐ Addition
NAME			6.2 NA	ΜE						
STREET ADDF ESS			6.3 STF	REET	ADDRESS	3				

14. I here by certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.C7(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 am an office 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, with all other like empowered.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

John C. Kurtz 4/23/99 561-562-9031