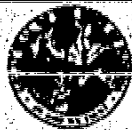


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 25 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 478239 (7)

1. Corporation Name

VISTA PROPERTIES MANAGEMENT, INC.

Principal Place of Business

100 VISTA ROYALE BLVD
VERO BEACH FL 32962-0799

Mailing Address

100 VISTA ROYALE BLVD
VERO BEACH FL 32962-0799

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/19/1975

3a. Date of Last Report

04/27/1994

4. FEI Number

59-1605433

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. 119.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REID, PHILIP H JR
340 ROYAL PALM WAY
PALM BCH, FL
33480

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	GROSSMAN, ROBERT
STREET ADDRESS	100 VISTA ROYALE BLVD
CITY-ST-ZIP	VERO BEACH, FL 00000
TITLE	VAS
NAME	PROFFITT, RAYMOND
STREET ADDRESS	565 32ND AVE
CITY-ST-ZIP	VERO BEACH, FL 00000
TITLE	CD
NAME	EWING, RONALD E
STREET ADDRESS	100 VISTA ROYALE BLVD
CITY-ST-ZIP	VERO BCH, FL 00000
TITLE	PD
NAME	KURTZ, JOHN C
STREET ADDRESS	100 VISTA ROYALE BLVD.
CITY-ST-ZIP	VERO BEACH, FL 00000
TITLE	VD
NAME	GASKILL, ROBERT L
STREET ADDRESS	100 VISTA ROYALE BLVD
CITY-ST-ZIP	VERO BCH, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

John C. Kurtz

John C. Kurtz

4/21/95

407/562-9031

PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #