

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 661170 (1)**

1. Corporation Name:  
**UNVISTA DEVELOPMENT CORPORATION.**



Principal Place of Business: **880 NW 72 TERRACE PLANTATION FL 33317**  
Mailing Address: **880 NW 72 TERRACE PLANTATION FL 33317**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/13/1980</b>	3a. Date of Last Report <b>05/01/1995</b>
21. Sub: Apt. #, etc.	26. Sub: Apt. #, etc.	4. FEI Number <b>59-1977955</b>		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>PRITCHARD, CALVIN E. 880 NW 72 TERRACE PLANTATION FL 33317</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	<b>FL</b>	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 607.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PT</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRITCHARD, CALVIN</b>	12. NAME	
STREET ADDRESS	<b>880 NW 72 TERRACE</b>	13. STREET ADDRESS	
CITY-STATE-ZIP	<b>PLANTATION FL</b>	14. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>V</b>	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STANTON, SEAN</b>	22. NAME	
STREET ADDRESS	<b>201 NW 32 COURT #211</b>	23. STREET ADDRESS	
CITY-STATE-ZIP	<b>POMPANO BEACH FL</b>	24. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>S</b>	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOULKROD, MICHAEL</b>	32. NAME	
STREET ADDRESS	<b>4201 NW 11 AVENUE</b>	33. STREET ADDRESS	
CITY-STATE-ZIP	<b>FT LAUDERDALE FL</b>	34. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42. NAME	<b>S Lester Kreger</b>
STREET ADDRESS		43. STREET ADDRESS	<b>880 NW 72 Terrace</b>
CITY-STATE-ZIP		44. CITY-STATE-ZIP	<b>Fort Lauderdale, FL 33317</b>
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-STATE-ZIP		54. CITY-STATE-ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-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 unchanged, or on an attachment with an address.

SIGNATURE: *Calvin E. Pritchard* DATE: **2/18/96 954-792-7463**

CR2E034 (12/95)