

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 17 AM 11:34



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|---|--|--|---|
| 1. Name of Limited Partnership VISTA ASSOCIATES, LTD. | | 1a. DOCUMENT # A22642 | |
| Mailing Address P.O. BOX 402097 MIAMI BEACH FL 33140 | Principal Office Address 5446 NORTH BAY ROAD MIAMI BEACH FL 33140 | 3. Date Formed or Registered 05/29/1986 | 5a. Capital Contributions as Shown on record. \$980.00 |
| | | 3a. Date of Last Report 12/11/1996 | |
| 2. Mailing Address | 2a. Principal Office Address | 4. State or Country of Formation FL | 5b. Amount of Capital Contributions in FLORIDA to date: |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 6. FEI Number 59-2779117 | |
| City & State | City & State | 7. Certificate of Status Desired | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| Zip Country | Zip Country | 8. Make check payable to: Dept. of State (See reverse side for fee information) | |

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|---|--|
| 9. Name and Address of Current Registered Agent FLORIDA KIDS CORPORATION 5446 NORTH BAY ROAD MIAMI BEACH FL 33140 | 10. If changed, new Registered Agent/Officer Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City |
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

| 11. Name(s) of General Partner(s) | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) | 11b. City, State & Zip Code | 11c. Registration/Document Number |
|--|--|------------------------------------|--|
| FLORIDA KIDS CORP. | 5446 NORTH BAY ROAD | MIAMI BEACH FL | 485045 |

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____ DATE _____

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (6/97)