

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 # **F61364 (8)**
1. Corporation Name
VISTA BAY, INC.



Principal Place of Business: % ROGER A. LARSON, 16120 US HWY 19 N, STE 210, CLEARWATER FL 34624-5746
Mailing Address: % ROGER A. LARSON, 16120 US HWY 19 N, STE 210, CLEARWATER FL 34624-5746

3. Date Incorporated or Qualified: 01/07/1982
3a. Date of Last Report: 01/24/1995
4. FEI Number: 59-2150799
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21. 8500-144th Lane No, 22. Suite, Apt. #, etc., 23. Seminole, Florida, 24. 34646, 25. Pinellas
2a. Mailing Address: 26. 8500-144th Lane No, 27. Suite, Apt. #, etc., 28. Seminole, Florida, 29. 34646, 30. Pinellas

9. Name and Address of Current Registered Agent: LARSON, ROGER A., 16120 US HWY 19 N, STE 210, CLEARWATER FL 34624
10. Name and Address of New Registered Agent: 81. Name, 82. Street Address (P.O. Box Number is Not Acceptable): 8500-144th Lane No., 83., 84. City: Seminole, 85. Zip Code: 34646

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 resigning.) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	POWELL, BERNARD F	1.1 TITLE:	
STREET ADDRESS: 2120 US HWY 19 SO. #210	CLEARWATER FL	1.2 NAME:	
CITY-ST-ZIP:		1.3 STREET ADDRESS:	8500-144 th Lane No
TITLE: S	LARSON, ROGER A	1.4 CITY-ST-ZIP:	Seminole, Fla 34646
STREET ADDRESS: 2120 US HWY 19 SO. #210	CLEARWATER FL	2.1 TITLE:	
CITY-ST-ZIP:		2.2 NAME:	
TITLE:		2.3 STREET ADDRESS:	8500-144 th Lane No
NAME:		2.4 CITY-ST-ZIP:	Seminole, Fla 34646
STREET ADDRESS:		3.1 TITLE:	
CITY-ST-ZIP:		3.2 NAME:	
TITLE:		3.3 STREET ADDRESS:	
NAME:		3.4 CITY-ST-ZIP:	
STREET ADDRESS:		4.1 TITLE:	
CITY-ST-ZIP:		4.2 NAME:	
TITLE:		4.3 STREET ADDRESS:	
NAME:		4.4 CITY-ST-ZIP:	
STREET ADDRESS:		5.1 TITLE:	
CITY-ST-ZIP:		5.2 NAME:	
TITLE:		5.3 STREET ADDRESS:	
NAME:		5.4 CITY-ST-ZIP:	
STREET ADDRESS:		6.1 TITLE:	
CITY-ST-ZIP:		6.2 NAME:	
TITLE:		6.3 STREET ADDRESS:	
NAME:		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 if changed, or on an attachment with an address.

SIGNATURE: [Signature] Secretary, 2/3/96, 813-392-6323

CR2E034 (12/95)