

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700001425

1. Corporation Name

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90206 039 ***150.00

VISTA DI	ESIGNS SALES, INC.									
Principal Place	e of Business	Mailing Address								
P.O. BOX 17141 P.O. BOX 17141 SARASOTA FL 34276-0141 SARASOTA FL 34276-0141										
							DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualit 03/17/1997	fed			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			At plie	d For
21 1603	Barber 124.	26				06-1396494			Nct Ap	pplicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional			
22		27				0 , 00 m xato a violo a constant			e R∉qui	
Cipus state 23 Vasola FL		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 Added to					
24 Zig 31-12-40 Country 25 US		Zip Coun 29 30		ntry		This corporation owes the Personal Property Tax.	current year I	ntangible Yes		No
<u> </u>	9. Name and Address of Curren					10. Name and Address of Ne	w Registere	d Agent		
			8	B1 N	Name					}
	SSMAN, ALAN		я	32 5	Street Add	dress (P.O. Box Number is Not Acc	eptable)			
1603 BARBER RD, UNIT B				- Sueer Addre		(
SAR	ASOTA FL 34276-0141		8	B3						
			8	84 (City		F:	85	Zip Cod	le
									a its rea	iot-rod
43 0	to the provisions of Costings 607.050	2 and 607 1508 Florida Stat	ites the abo	ove-n	amed cor	rnoration submits this statement for				istered
11. Pursuant office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Stat of Florida. Such change was	utes, the abo	ove-na	amed cor	rporation submits this statement for tion's board of directors. I hereby a	ccept the ap	ointment a	is regist	ered
11. Pursuant office or reagent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Stat of Florida. Such change was ions of, Section 607.0505, F	ites, the abo authorized b orida Statute	ove-na by the es.	arned cor e corpora	rporation submits this statement for ition's board of directors. I hereby a	ccept the app	ointment a	is regist	ered
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agent. Fa	m familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with a signature, typed or printed a me of registered agent	ions of, Section 607.0505, F	Onga Statut	.65.			DATE	AND DIRE	CTO RS	IN 12
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14. I hereb / certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07 (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 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 attach nent with an address, with a light empowered.

SIGNATURE:

SIGNATURE AND TYPED OR I RINTED NAME OF SIGNING OFFICE OR DIRECTOR

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