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

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNU	NNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS									
	MENT # G9 6	304	(2)							
THE V	/ISTA GROUP, INC.						1 1 01 414 2840 1 0 11 0 1	III aa baaa aana baaa a a	Ha b ilin bil in b	1811 B1811 B1811 1881
incipal Place	of Business	Mailing A	ddress	-,						
7575 DR. PHILLIPS BLVD. 7575 DR. PHILLIPS BLV STE (05) STE (05)										
ORLANDO FL 32819 US			ORLANDO FL 32819 US			3.	3. Date Incorporated or Qualified			
Principal Pla	ace of Business	2a. Mailing	g Address			4.	FEI Number 59-2402842	<u> </u>		Applied For Not Applicable
Suite, Apt #	W, etc.	26 Suite	Suite Apt. #, etc.			- 5	Certificate of Status D		\$8.7	5 Additional
Oity & State		27	State				Election Campaign Fig			Required
City & State		28 Ony &	State			1	Trust Fund Contribution	- F1		00 May Be ed to Fees
Zφ	Country 25	.Zip		Country 30	y		This corporation has l Florida Statutes	iability for intangibl		s 199.032,
	9. Name and Address of (Agent	30			Name and Address			
Branda da A	NR 4 41F41			61	1					
	rd a neal Dr. Phillips BLVD.			B2	Street A	Address (P.)	O. Box Number is Not	: Acceptable)		
STE.	وه (<u>5</u> 5			63						
ORLAN	IDO FL 32819			84	Crty				85 2	Zip Code
GNATURE _	Signature: typed or printed han e of register	ed agent and little if applicable	(NOT	E Registered Age	ant signature re	· · · · · · · · · · · · · · · · · · ·	instating) ADDITIONS/CHANGE	DAT S.TO OFFICERS A		ORS IN 12
L.F	PO		DELETE	1. 1 TITLE			ADDITIONO OF INTOC	O TO OTTIOETIO?	☐ Change	
ME	MORRIS, MEL D. 7575 DR. PHILLIPS DI	VID.		1.2 NAME	T ADDRESS	٠,٠	lourt ST,			
FEET ADURESS Y-ST-ZIP	-ORLANDO-FL-92819	.vu .		1.3 STREE	- 1		oon enal	YIW CHA	6 H-A	Λ
. F	VST VP		DELETE	2.1 TITLE					Change	Addition
ME REFILADORESS	NEAL, ED 7575 DR. PHILLIPS BI	.VD.		2.3 STREE	T ADDRESS					
Y-ST-7IP	ORLANDO FL 32819		F3 profits	2 4 CITY-					Channa	- Addition
l f Mf	D Moran, Thomas L		DELETE	3 1 THUE 32 NAME					Change	E ☐ Addition
KEET ADDRESS	7575 DR. PHILLIPS BI	.VD.		33 STRE	ET ADDRESS					
LE ZIP	ORLANDO FL 32819		DELETE	3.4 City -					Change	Addition
,ME				4.2 NAME						
REEL ADORESS				4.3 STREE	ET ADORESS					
(F			☐ DELETE	5 1 TITLE					☐ Change	Addition
ME				5.2 NAME						
REFT ADDRESS LY - ST - ZIP				5 4 CITY	ST-ZIP					
LF			☐ DELETE	6. 1 TITLE					☐ Change	Addition
ME Ref: Address				6.2 NAME 6.3 STREE	ET ADDRESS					
TY+\$1 ZIP				6 4 City	ST-ZIP	<u> </u>				
certify that	by certify that the information sur the information indicated on th	is annual report of su	pplemental annu	ual report is t	rue and ac	curate and	that my signature sha	ill have the same le	egal effect as	if made under
oath; that appears in	Larn an officer or director of this Block 12 or Block 13 if chang	e corporation or the re ed, or on an attackme	ent with an addr	empowered ess.	i to execut	e this repor	r. as required by Chap	iter our, Florida St	atutes; and t	наступате
SIGNAT	ure Si	1	Jenn	ax A	. NEAL		2/13/9	u (48)) 345-	8444
IMPI	SIGNATURE AND T	YPED OF PRINTED NAME (of SIGNING OFFICE	R OR DIRECTO	Que		Date	×	Daytime Pho	10 H