FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H55331 (3)

1. Corporation Name
VISTECH CORPORATION

Principal Place of Business	Mailing Address
C/O NO. AMERICAN CO.. 111 E LAS OLAS BLV P O BOX 14758 FT LAUDERDALE FL 33302	C/O NO. AMERICAN CO.. 111 E LAS OLAS BLV P O BOX 14758 FT LAUDERDALE FL 33302

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/30/1985
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-2542220 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) / (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) / Country (25) / Zip (29) / Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

COLE, JONATHAN E.
250 ROYAL PALM WAY
SUITE #300
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	11 TITLE		☐ Change ☐ Addition
NAME	FITZMORRIS, TYCE	12 NAME		
STREET ADDRESS	8729 CITATION DR.	13 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GARDENS FL	14 CITY-ST-ZIP		
TITLE	~~CEO~~	21 TITLE	CEO/P/D	☒ Change ☐ Addition
NAME	PALMER, CHARLES L.	22 NAME		
STREET ADDRESS	% NO AMERICAN CO LTD	23 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	24 CITY-ST-ZIP		
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	~~COLE, JONATHAN E~~	32 NAME		
STREET ADDRESS	~~250 ROYAL PALM WAY #300~~	33 STREET ADDRESS		
CITY-ST-ZIP	~~PALM BEACH FL~~	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	~~CAPALDI, BERNARD A.~~	42 NAME		
STREET ADDRESS	~~N CAROLINE & ATLANTIC AV~~	43 STREET ADDRESS		
CITY-ST-ZIP	~~ATLANTIC CITY NJ~~	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	COLLOVA, NICHOLAS D.	52 NAME		
STREET ADDRESS	19932 US HIGHWAY 1	53 STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA FL	54 CITY-ST-ZIP		
TITLE	S	61 TITLE		☐ Change ☐ Addition
NAME	IGOE, JOHN G	62 NAME		
STREET ADDRESS	250 ROYAL PALM WAY #300	63 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL	64 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)(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 attachment with an address.

SIGNATURE: John G. Igoe 4/20/95 407-833-7700
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #
John G. Igoe, Secretary

0432711 FP