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 FEB 23 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K72589

1. Corporation Name

VISTA DEVELOPMENTS OF SOUTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
7575 Dr. Phillips Blvd. Suite 305 Orlando, FL 32819	7575 Dr. Phillips Blvd. Suite 305 Orlando, FL 32819

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 3/14/1989
3a. Date of Last Report: 3/23/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 59-2940408 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

NEAL, EDWARD A.
7575 Dr. Phillips Blvd.
Suite 305
Orlando, FL 32819

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 _____ (NOTE: Registered Agent signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P	11 TITLE	☐ Change ☐ Addition
NAME	MORRIS, MEL D.	12 NAME	
STREET ADDRESS	115 Mount Street	13 STREET ADDRESS	
CITY-ST-ZIP	London, England W1Y6HA	14 CITY-ST-ZIP	
TITLE	D/S/T	21 TITLE	☐ Change ☐ Addition
NAME	NEAL, EDWARD A.	22 NAME	
STREET ADDRESS	7575 Dr. Phillips Blvd., Suite 305	23 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32819	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MORAN, THOMAS L.	32 NAME	
STREET ADDRESS	7575 Dr. Phillips Blvd., Suite 305	33 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32819	34 CITY-ST-ZIP	
TITLE	T.S. 2/23/95	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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: Edward A. Neal 2/15/95 407-345-8444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

EDWARD A. NEAL Vice President