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Mar 25 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morthant**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N19603 (2)

1. Corporation Name

VISTA ASSOCIATION OF RESTAURANTS, INC.



Principal Place of Business

Mailing Address

400 EAST SOUTH STREET  
ORLANDO FL 32801400 EAST SOUTH STREET  
ORLANDO FL 32801-28263. Date Incorporated or Qualified  
03/09/19873a. Date of Last Report  
05/23/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOURNE, ROBERT A  
400 E. SOUTH STREET STE 500  
ORLANDO FL 32801

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD  
NAME SENEFF, JAMES M., JR.  
STREET ADDRESS 400 E. SOUTH STREET STE 500  
CITY-ST-ZIP ORLANDO FL 328011.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE PTD  
NAME BOURNE, ROBERT A.  
STREET ADDRESS 400 E SOUTH ST, STE 500  
CITY-ST-ZIP ORLANDO FL 328012.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE SD  
NAME ROSE, LYNN E.  
STREET ADDRESS 400 E SOUTH ST, STE 500  
CITY-ST-ZIP ORLANDO FL 328013.1 TITLE SD  
3.2 NAME ROSE, LYNN E.  
3.3 STREET ADDRESS 400 E. SOUTH STREET, STE. 500  
3.4 CITY-ST-ZIP ORLANDO, FL 32801TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OF POSITION OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0015801

CR2E037 (9/96)