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

PROFIT CORPORATION ANNUAL REPORT



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

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1996	1996	1996	1996	1996	1996	1996	1996	1996	1996	1996	1996	1996	1996	1006	1006	1006	1006	1006	1006	1006				

DOCUMENT #

P93000052299 (3)

VISTA	ANTI	QUES.	INC.

Principal Place of Business Mailing Address 3737 S DIXIE HWY 5725 CORPORATE WAY WEST PALM BEACH FL 33405 SUITE 101 WEST PALM BEACH FL 33407

Date Incorporated or Qualified 07/27/1993	3a. Date of Last Report 08/18/1995

							,			
2.	Principal Place of Business	2 a	. Mailing Address			4.	FEI Number		T	Applied For
1		26					65-0425225			Not Applicable
2	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.			5.	Certificate of Status Desired		•	75 Additional ee Required
3	City & State	28	City & State			6.	Election Campaign Financing Trust Fund Contribution			.00 May Be ided to Fees
4	Zip Country 25	29	Zip Cot 30	intry			This corporation has liability for in Florida Statutes	-	unde	rs 199.032,
	9. Name and Address of Current I	legis	stered Agent	[10.	Name and Address of New Re	gistered A	gent	
				81	Name					
	MCGRATH, MICHAEL J 5727 CORPORATE WAY			82	Street Addres	s (P.	O. Box Number is Not Acceptable	9)		
	SUITE 101			83						
	WEST PALM BEACH FL 33407			84	City			FL.	85	Zip Code

3.

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATUF*	Signature, based or person name of registerior agost and the co	approtection after the	E. Flededonald Agent Sign Care required	Arer rendstrige	A1É	
12.	OFFICERS AND DIREC	TORS	13.	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTO	RS IN 12
Trille _	DP	DELETE	1 1 TITLE :		☐ Change	Add tion
NAME	WILM, CHRISTA		1.2 NAME			
STREET ADDRESS	343 SEABREEZE AVE		1.3 STREET ADDRESS			
CITY+ST-ZIP	PALM BCH FL		1.4 CITY: ST-ZIP			
TITLE		DELETE	2 1 TITLE		Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADORESS			
CITY - \$T - ZIP			2.4 CITY - ST - ZIP			
TITLE		DELETE	3 1 TITLE		☐ Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3 4 City - St - ZiF			
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NAMÉ			4.2 NAME	700001000	on a m	
STREET ADDRESS			4.3 STREET ADDRESS	700001800 -04/29/9601130	! !∟!**† 	
CITY-ST-ZIP			44 CITY ST ZIF	***200.00	015	
TITLE		☐ DELETE	5 I TITLE	იაა გეთ, თე	Change	Addition
NAME			5.2 NAME			

14. Ido 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)(k). 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 this 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 13 if charged or on a statchment with an address.

6 1 TETLE 6.2 NAME

5.3 STREET ADDRESS 5.4 CHTY - ST - ZIP

6.3 STREET ADDRESS

6.4 C(TY - ST - Z(P)

SIGNATURE: X

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

C-TY-ST-ZIP

TITLE

NAME

TED NAME OF SIGNING OFFICER OR DIRECTOR

DELE IE