FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P93000052299

1. Corporation Name

VISTA ANTIQUES, INC.

Principal Place of Business Mailing Address					()\$\$()\$\$()!!! I I I I I I I I I I I I I I I I I	114 @ \$111 @ \$481 Bette 1481		
3737 S DIXIE HWY WEST PALM BEACH FL 33405 US 3737 S DIXIE HWY WEST PALM BEACH FL 33405 US			05		DO NOT WRI	TE IN THIS SPACE	Ē	
00					3. Date Incorporated or Qualifed			
					07/27/1993			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For	
21 26					65-0425225		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 -	75 Additional ee Required	
City & Stat	te	City & State			6. Election Campaign Financing	\$ 5	.00 May Be	
23		28	•		Trust Fund Contribution . Added to Fees			
Zip	Country Zip 25 29 3		Country 30	Country 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes		No		
24)	9. Name and Address of Curre	11			10. Name and Address of New F	Registered Agent		
			81	Name			-	
	M, CHRISTA		82	Street Add	ress (P.O. Box Number is Not Accepta	ible)		
3737 S DIXIE HWY WEST PALM BEACH FL 33405			02	Sileet Addi	ess (F.O. Box Mumber is Not Accopie			
			83	83				
			84	City		85	Zip Code	
<u></u>				' '	FL 100 Ep 3000			
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the oblig	e of Florida. Such change was au	thorized by	the corporation	poration submits this statement for the on's board of directors. I hereby accep	purpose of changi ot the appointment	as registered	
SIGNATURE	Signature, typed or printed name of registered at	Alore I	Desistered Ass	at aignatura enquies	d when reinstating)	DATE		
12,		AND DIRECTORS	13.	in signatora require	ADDITIONS/CHANGES TO OF		CTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE			☐ Ch		
NAME	WILM, CHRISTA		1.2 NAME					
STREET ADDRESS	A44 6F4 55FFFFF 11/F		1.3 STREE	TADORESS				
CITY-ST-ZIP	PALM BCH FL		1.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	2.1 TITLE			□ ch	ange	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE	T ADDRESS				
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			□ Ch	ange 🗀 Addition	
NAME	:		3.2 NAME					
STREET ADDRESS			3.3 STREE	TADDRESS				
CITY-\$T-ZIP			3.4. CITY-8	ST-ZIP			Addition	
TITLE		☐ DELETE	4.1 TITLE			Ch	ange	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	TADDRESS	. *			
CITY-ST-ZIP	1							
	<u> </u>	□ occess	4.4 CITY-S	ST-ZIP			ange DAddition	
TITLE NAME		☐ DELETE	4.4 C/TY-S 5.1 T/TLE 5.2 NAME	ST-ZIP		Ch	ange Addition	

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Change ☐ Addition

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90192 034 ***150.00