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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000063180**1. Corporation Name

VISTA OUTDOOR RESORTS, INC.

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90057 008 ***150.00



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Principal Place		Mailing Address							
5300 S. FLORIDA AVE.		P. O. BOX 5330							
BUILDING E LAKELAND FL 33813		LAKELAND FL 33807 US			!	DO NOT WRITE IN THIS SPACE			
US		03				3. Date Incorporated or Qualifed			
00						09/01/1993			ĺ
2. Princinal Pl	ace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	Applied For
_		26				59-3198682		<u> </u>	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.							Additional
	,	27				5. Certifcate of Status Desired			Required
22 City & State		- City & State				6. Election Campaign Financing		\$5:0	0 May Be
23		28				Trust Fund Contribution			d to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the curre	ent year Int	tangible	
24	25	29 3	0			Personal Property Tax.		Yes	□No_
<u></u> L	9. Name and Address of Current	Registered Agent				10. Name and Address of New R	egistered	Agent	
	-			81 N	ame				}
	KEY, JOHN D		ļ	82 SI	treet Addres	ss (P.O. Boy Number is Not Ascenta	hle)	H (6
4309 FOREST HILL DRIVE				" 7	905	iress (P.O. Box Number is Not Aceptable)			P
LAKE	ELAND FL 33813		Ţ	83	,	`			
			-	24				100 7	0-10
		•	1	84 C	ZAK.	ELAND,	FL	_ 85 24	53703
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the ab	ove-na	med corpor	ration submits this statement for the	purpose of	changing	its registered
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	f Florida. Such change was autt	nonzed	DV the	corporation	n's board of directorsI hereby accep	t the appo	intment as	registered
	m tamiliai with, and accept the congati	ons or, section of .0000, 1 long					/6/	23	1
SIGNATURE	Signature, typed or printed name of registered agent	and title if application (NOTE: Ri	acueta di			when reinstating)	DATE		
		and the irappaicapies (NO:E: N	ogiai greci i	agent sign	nature required v	witers remassaurry)			
12.	OFFICERS AND		13.	Agent sign	nature required v	ADDITIONS/CHANGES TO OF	ICERS A	VD DIREC	TORS IN 12
12.			<u> </u>		nature required v		FICERS A	ND DIRECT	
	OFFICERS AND	DIRECTORS	13.	l.E	nature required v		ICERS A		
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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.

SIGNATURE: TOKN COMABO