


9-2-97 B-8272C

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000029592 (0)

1. Corporation Name
VISTEON CORPORATION



Principal Place of Business 2250 LUCIEN WAY SUITE 250 MAITLAND FL 32751	Mailing Address 2250 LUCIEN WAY SUITE 250 MAITLAND FL 32751
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/14/1994		3a. Date of Last Report 08/05/1996	
21		26		4. FEI Number 59-3253130		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		6. Certificate of Status Desired EX		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

9. Name and Address of Current Registered Agent SEYMOUR, THADDEUS JR. 2250 LUCIEN WAY SUITE 250 MAITLAND FL 32751				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				85 Zip Code			
				FL			

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DCEO	<input type="checkbox"/> DELETE	1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GREENBERG, DAVID S		1.2 NAME	Al Crites			
STREET ADDRESS	2144 VENETIAN WAY		1.3 STREET ADDRESS	2250 Lucien Way Suite 250			
CITY-ST-ZIP	WINTER PARK FL 32789		1.4 CITY-ST-ZIP	Maitland, FL 32751			
TITLE	VS	<input type="checkbox"/> DELETE	2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	RAMOS, DAVID JR.		2.2 NAME	Bob Obuch			
STREET ADDRESS	3321 HAMLET LOOP		2.3 STREET ADDRESS	2250 Lucien Way Suite 250			
CITY-ST-ZIP	WINTER PARK FL 32792		2.4 CITY-ST-ZIP	Maitland, FL 32751			
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TELLERIA, ANA R		3.2 NAME				
STREET ADDRESS	7804 WAUNAGUA DRIVE		3.3 STREET ADDRESS				
CITY-ST-ZIP	WINTER PARK FL 32792		3.4 CITY-ST-ZIP				
TITLE	DCOO	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SEYMOUR, THADDEUS JR.		4.2 NAME				
STREET ADDRESS	2250 LUCIEN WAY STE 250		4.3 STREET ADDRESS				
CITY-ST-ZIP	MAITLAND FL 32751		4.4 CITY-ST-ZIP				
TITLE	C	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOODMAN, JEFF		5.2 NAME				
STREET ADDRESS	2250 LUCIEN WAY STE 250		5.3 STREET ADDRESS				
CITY-ST-ZIP	MAITLAND FL 32751		5.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MIGLIORINO, ROBERT J		6.2 NAME				
STREET ADDRESS	2250 LUCIEN WAY STE 250		6.3 STREET ADDRESS				
CITY-ST-ZIP	MAITLAND FL 32751		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 fiduciary or 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 in an attachment with an address.

SIGNATURE _____

CR2E034 (4/97)