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Mailing Address

PROFIT
CORPORATION
ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400067017 (1)

AVISTA PROPERTIES IV. INC.

FILED Apr 17 1997 8:00am Secretary of State



3956 W. COLO ORLANDO FL S	3956 W. COLONIAL DR. ORLANDO FL 32608-782	ANDO FL 32608-7628								
					3. Date Incorporated or Qualified 3a. Date of Last Report					
	Do Malling Address				09/08/1994	⊥ Ub/L	06/04/1996			
2. Principal Place of Business 2a. Mailing Addres						4. FEI Number			pplied For ot Applicable	
21] Suite, Apt	H cto	Suite: Apt. #, etc.				59-3311297	<u></u>			
22		27				5. Certificate of Status Desired	<u> </u>	rea Hequired		
City & Stat	te	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Ziji 24	Country Zip Country 25 29 30			try	This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes □ No					
_ 	9. Name and Address of Cur					10. Name and Address of New Re	jistered /	gent		
	RGEY, DAVID A JR			81	Name	ANIL VALBH				
	n, magnolia ave. Lando fl. 32801			82	Street A	dress (P.O. Box Number is Not Acceptable 3956 W. COLONIAL DR	e) IVE			
, -1	= = = = 1 = 1 = 1 = 1 = 1			83						
				64	City	ORLANDO	FL	32	Code 2808	
office or a agent. La SIGNATURE	registered agent both, in the St am familiar with and accept the	ANIL VALB	H, PRES	;II	DENT	orporation submits this statement for the puration's board of directors. I hereby acceptionally acception of the pure state of the pure st	t the app 10/97 DATE	ointment as	s registered	
12.	OFFICERS.	AND DIRECTORS	13.	Ť		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12	
TITLE	D /	DELETE	1.1 TIT	LE		P/S/T		☐ Change	Addition	
NAME	VALBH, ANIL 1		1.2 NA	ME		• •				
STREET ADORESS			1.3 ST	REET	ADDRESS					
CITY-ST ZIP	ORLANDO FL 32808		1.4 CIT	Y - S	T- ZIP					
THLE		☐ DELETE	2.1 1()	LE		V		Change	X Addition	
NAME			2.2 NA	ME		NANA, AJIT				
STREET ADDRESS			2.3 STI	REET	ADDRESS	3956 W. COLONIAL DRIVE				
CITY - S1 - ZIP			2. 4 Cf	[Y - 5	ST-ZIP	ORLANDO, FLORIDA 32808				
TILLE		DELFTE	3 1 TIT	L£				Change	Addition	
NAME			3.2 NA	ME						
STREET ADDRESS			3 3 STI	AEET	ADDRESS	·				
CITY - ST - ZIP			3 4. Cf	ſΥ- (ST-ZIP					
TIT, F		☐ DELETE	4.1 T)T	LE				Change	Addition	
NAME			4 2 N	ME						
SFREET ADDRESS			4.3 STI	REET	ADDRESS					
CITY - ST - ZIP			4.4 Cil	Y-5	7-ZIP					
TITLE		DELETE	51111	LE				Change	Addition	
NAME			5.2 NA	ME	-					
STREET ADDRESS			5.3 \$11	REET	ADDRESS					
CHTY-ST-7IP			5.4 CI1	Y-S	IT-ZIP			-		
TITLE		☐ DELETE	6.1 TIT	LE				☐ Change	Addition	
NAME			6.2 NA	ME						
STREET ADDRESS			6.3 ST	REET	ADDRESS					
C/TY - \$1 - 7/P	1		0.4.00	vc	ST-ZIP					

14. I do hereby certify that the information supplied with this filling 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 emprecation of the 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 organization of the execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

AND THE SECOND VALUE OF SECOND OF THE REST

THE ANIL VALBH, President 4/10/97

(407) 578-1959