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

PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000068531

VISTA II, INC.

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90050 008 ***150.00



Principal P acc	e of Business	Mailing Address					\$2112\$1 110 1011 410(1 \$611 \$511 \$511) \$1	4114 (1818		g, 1191 7821	
100 VISTA ROYALE BLVD. 100 VISTA ROYALE BLVC.												
VERO BEACH F	FL 32962	VERO BEACH FL 32962				DO NOT WRITE IN THIS SPACE						
						3 Date I	corporated or Qualifed		0,			
							6/1994					
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Applied For			
21		26				65-0521265			Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			- 0 45	ate of Status Desired		\$8.	75 A	dditional	
22		27	27			5. Certifo	ate of Status Desired		F	ae Re	quired	
City & 5 tat	e	City & State				6. Electic n Campaign Financing			\$5.00 May Be			
23		28				Trust Fund Contribution			Added to Fees			
Zip	Country	Zip Cou		ntry		8. This c	8. This corporation owes the current year			r Intangible		
24	25	25 29 30			Personal Property Tax			Yes No				
	Name and Address of Current	Registered Agent				10. Name	and Address of New Regi	stered /	Agent			
חבום	DEBINO IL ID			81	Name							
), PHILIP H JR.					ress (P.O. Bo:	Number is Not Acceptable)				
	S 20TH ST.											
VIERO	O BEACH FL 32966-8613			83								
				84	City				85	Zip C	ode	
					•			FL				
office or r	to the provisions of S∋ctions 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	authorized	i by t	-named corp he corporat	poration submition's board of	ts this statement for the pur firectors. I hereby accept th	pose of e appoir	changi ntment	ng its as rec	registered istered	
SIGNATURE								DATE				
	Signature, typed or printed n. me of registered age		_ <u> </u>	l Agent	signature requir	ed when reinstating	ONS/CHANGES TO OFFICE		ID DIB	ECTO	DS IN 12	
TITLE	DP OFFICERS AN	DELETE	13.	TI C		ADDITI	JNS/CHANGES TO OFFICE	ERS AN	□ Ch		Addition	
	EWING, RONALD E		1		1						_	
NAME	22 FOREST PARK DR.	•		1.2 NAME 1.3 STREET ADDRESS								
STREET ADDRESS	VERO BEACH FL		1									
CITY-ST-ZIP	DV	☐ DELETE	2.1 TO	TY-ST	-ZIP				☐ Ch	ange	Addition	
TITLE	GASKILL, ROBERT L	L. DELETE								J		
NAME	· · · · · · · · · · · · · · · · · · ·		2.2 N									
STREET ADDRESS	28 FOREST PARK DR.				ADDRESS							
CITY-ST-ZIP	VERO BEACH FL	□ nciete		ITY-ST	r-ZIP				☐ Ch	ange	Addition	
TITLE	DST JOHN C	☐ DELETE	3.1 TF							-iigo		
NAME	KURTZ, JOHN C		3.2 N								1	
STREET ADDRESS	100 VISTA ROYALE BLVD				ADDRESS							
CITY-ST-ZIP	VERO BEACH FL 32962	Floriere	_	ITY-ST	r-ZIP				☐ Ch	ance	Addition	
TITLE		☐ DELETE	4.1 Ti						110	J. 190		
NAME			4 2 N									
STREET ADDRESS					ADDRESS							
CITY-ST-ZIP		□ occess		TY-ST	-ZIP		 	—-	Ch	anne	Addition	
TITLE		☐ DELETE	5.1 TI							anyc		
NAME			5.2 N/									
STREET ADDR ISS					ADDRESS							
CITY-ST-ZIP				TY-ST	-ZIP						PT A July -	
TITLE		☐ DELETE	6.1 TI						☐ Ch	ange	Addition	
NAME			6.2 N		1							
STREET ADDO : CC	1		6.3 ST	TREET.	ADDRESS							

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 7(3)(i), Florida Statutes. I further pertify 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 attact ment with an address, with all other like empowered.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

John C. Kurtz 4/23/99 561-562-9031