

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000075967 (7)

1. Corporation Name

VISTAMAR DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

2120 NE 21ST STREET  
FORT LAUDERDALE FL 33305

2120 NE 21ST STREET  
FORT LAUDERDALE FL 33305

FILED

96 JAN 24 PM 12:22

SECRETARY OF STATE



2. Principal Place of Business 21 2114 NE 21ST.		2a. Mailing Address 26 2114 NE 21ST		3. Date Incorporated or Qualified 10/14/1994		3a. Date of Last Report 03/21/1995	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 65-0527884		Applied For Not Applicable	
23 City & State		28 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
24 Zip		25 Country		29 Zip		30 Country	
26		27		28		29	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DITOCO, ANTHONY III  
2120 NE 21ST STREET  
FORT LAUDERDALE FL 33305

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2114 NE 21ST
83
84 City
85 FL
86 Zip Code

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: ANTHONY DITOCO III 1/18/96

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DITOCO, ANTHONY III	1.2 NAME	
STREET ADDRESS	2120 NE 21ST STREET	1.3 STREET ADDRESS	2114 NE 21ST
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DITOCO, ROBYN	2.2 NAME	
STREET ADDRESS	2120 NE 21ST STREET	2.3 STREET ADDRESS	2114 NE 21ST
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: ANTHONY DITOCO III 1/18/96 (954) 563-4774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (12/95)