

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 # P95000011011 (0)

1. Corporation Name

ROYAL VISTA HOMES, INC.



Principal Place of Business

P. O. BOX 850903
LAKE MARY FL 32795-0903

Mailing Address

P. O. BOX 850903
LAKE MARY FL 32795-0903

3. Date Incorporated or Qualified

02/09/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1190 N. Fairway Dr.

26 1190 N. Fairway Dr.

4. FEI Number

59-3293885

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Apopka, FL

28 Apopka, FL

5. Certificate of Status Desired

☐ \$8.75 Additional
Fees Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 32712

25 U.S.A.

29 32712

30 U.S.A.

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIMILLO, LOUIE
2888 WEST LAKE MARY BLVD.
LAKE MARY FL 32795-0903

81 Name

Di Millo, Louie

82 Street Address (P.O. Box Number is Not Acceptable)

1190 N. Fairway Dr.

83

84 City

Apopka, FL

85 Zip Code

32712

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME DIMILLO, LOUIS
STREET ADDRESS 477 CLUB DR
CITY-ST-ZIP WINTER SPRINGS FL 32708 ☐ DELETE

1.1 TITLE D
1.2 NAME DI MILLO, LOUIS ☒ Change ☐ Addition
1.3 STREET ADDRESS 279 CHISWELL PLACE
1.4 CITY-ST-ZIP HEATHROW, FL 32746 ☐ Change ☒ Addition

TITLE D
NAME WILLIAMS, WARREN E
STREET ADDRESS 28 W CENTRAL BLVD
CITY-ST-ZIP ORLANDO FL 32802 ☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

3.1 TITLE D
3.2 NAME GUSTAVO SILVESTRI ☐ Change ☒ Addition
3.3 STREET ADDRESS 3312 OLD WHARF RUN
3.4 CITY-ST-ZIP WINTER PARK, FL 32792

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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

LOUIE DI MILLO, PRESIDENT

APR 22, 1996

(407) 889-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8456

CR2E034 (12/95)