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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

	1771		-00 m
DOCLI	MENT	# 100	

P95000028473 (3) 1. Corporation Name

POINTE VISTA, INC.

Principal Place of Business	Mailing Address
3300 S. HIAWASSEE ROAD, SUITE 107	8500 S. HIAWASSEE ROAD: SUITE TU?
ORLANDO FL 32835	-ORLANDO FL 92005-5050

## **FILED** May 06 1997 8:00am Secretary of State



3. Date Incorporated or Qualified

04/11/1995

3a. Date of Last Report

2. Principal Pl	ace of Business	2a. Mailing Address	- \		4. FEI Number	1 77/7	TAD	plied For	
21		26 1.0. BOX 4	961		59-3377554			t Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A		
City & State	)	City & State		<del> </del>	6. Election Campaign Financing	<del></del>	\$5.00	May Re	
23		28 Orlando 18	L		Trust Fund Contribution		Added to		
Zip	Country	Zip	Country		8. This corporation has liability for	intangible t	ax under s.	199.032,	
24 25 29 3 280 - 496 30					Florida Statutes Yes 🙀 No				
	9. Name and Address of Current	Registered Agent		,	10. Name and Address of New Re	gistered A	gent		
WILL	IAMS, WARREN E		81	Name					
28 WEST CENTRAL BLVD.			82 Street Address (P.O. Box Number is Not Acceptable)						
ORL	ORLANDO FL 32801								
			83						
			84	City	·	<del></del>	85 Zip C		
,			"	Jity		FL	85 Zip C	AUG.	
11. Pursuant i	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	e-named cor	poration submits this statement for the p	urpose of o	hanging its	s registered	
Office or re agent 1 ar	egistered agent, or both in the State c m familiar with, and accept the obligat	it Florida. Such change was autr ions of, Section 607,0505, Florid	horized by la Statutes	r the corpora 3.	tion's board of directors. I hereby accep	ot the appo	intment as	registered	
SIGNATURE		,							
	Stippature, typed or printed name of registered agent	and title if applicable (NOTE: Re	egistered Age	nt signature requ	lred when reinstating)	DATE	~		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC				
Tifté	DP	☐ DELETE	1.1 TITLE	- 1		į	Change	Addition	
NAME	CHIRA, LEE		1.2 NAME	}					
STREET ADDRESS	3300 S. HIAWASSEE ROAD, SU	NTE 107	1.3 STREET	address					
CITY+S1+ZiP	ORLANDO FL		1.4 CHY-S	T-ZIP					
TITLE	VS	☐ DELETE	2.1 TITLE				Change	Addition	
NAME	CARLTON, CHARLES		2.2 NAME	1					
STHEET ADDRESS	3300 S HIAWASSEE RD 107		23 STREET	ADDRESS					
City - St - 7IP	ORLANDO FL		2. 4 CITY~	ST-ZIP					
TITLE	٧٢	☐ DELETE	3.1 TITLE				Change	Addition	
NAME {	KROPP, STEVE		3.2 NAME	1					
STREET AUDRESS	3300 S HIAWASSEE RD 107		3.3 STREET	ADDRESS					
C(TY+ST+ZIP	ORLANDO FL		3.4. CITY-	ST-ZIP					
TITLE	VAS	☐ DELETE	4.1 TITLE			1	Change	☐ Addition	
NAME	MCKINNEY, JOE		4. 2 NAME						
STREET ADDRESS	3300 S HIAWASSEE RD #107		4.3 STREET	ADDRESS					
CITY - ST - 7IP	ORLANDO FL		4.4 City - S	T-21P					
11:11		DELETE	5.1 TITLE			Ī	Change	Addition	
NAME			5.2 NAME						
STREET ADDRESS		•	53 STREET	ADORESS					
CITY-S1-ZIP			5.4 CITY- S	ł					
TITLE		DELETE	6.1 TITLE				Change	Addition	
NAME			6.2 NAME	1					
STREET ADDRESS			6.3 STREET	ADDRESS					
CITY - ST - 7IP		1	6.4 CITY-S	1					
	by certify that the information supplied	with this filing does not qualify f	or the exc	mption state	d in Section 119.07(3)(i), Florida Statute	s. I further	certify that	the	
informatio Lam an ol	n indicated on this provial report or su flicer or director of the gorporation or t	ppiegreolal a mual rapert is true to judgiter or thittee emplowers	ed to exec	urate and tha oute this repo	id in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega ort as required by Chapter 607, Florida S	il effect as i Statutes; an	f made und d that my n	der oath; that iame	