

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000021387 (1)**

1. Corporation Name
VISTAGE, INC.



Principal Place of Business 7040 W. PALMETTO PARK ROAD, STE. 261 BOCA RATON FL 33433	Mailing Address 7040 W. PALMETTO PARK ROAD, STE. 261 BOCA RATON FL 33433
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 20938 PACIFICO TERRACE Suite, Apt. #, etc. 22 BOCA RATON, FLORIDA City & State 23 33433 U.S.A. Zip Country		2a. Mailing Address 26 20938 PACIFICO TERRACE Suite, Apt. #, etc. 27 BOCA RATON, FLORIDA City & State 28 33433 U.S.A. Zip Country		3. Date Incorporated or Qualified 03/08/1996	
24 33433 U.S.A.		29 33433 U.S.A.		4. FEI Number 65-0646801	
25 U.S.A.		30 U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 20938 PACIFIC TERRT BOCA RATON FL 33433				10. Name and Address of New Registered Agent 81 Name LES FELDMAN 82 Street Address (P.O. Box Number is Not Acceptable) 20938 PACIFICO TERRACE 83 FL 84 City BOCA RATON 85 Zip Code 33433			
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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 **Les Feldman** **4/27/98**
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 DPST	<input checked="" type="checkbox"/> DELETE	1.1 TITLE DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILLER, SUSAN		1.2 NAME NANCY FELDMAN	
STREET ADDRESS 11147 OAKDALE ROAD		1.3 STREET ADDRESS 20938 PACIFICO TERRACE	
CITY-ST-ZIP BOYNTON BEACH FL 33437		1.4 CITY-ST-ZIP BOCA RATON, FL 33433	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 hereby certify that the information supplied with this filing 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 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: **Nancy Feldman** **NANCY FELDMAN** **4/27/98 (SUI) 477-9151**

CR2E034 (10/97)