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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000075242

Se

FILED Jun 30 1997 8:00am Secretary of State

1610 (0) -				
Vista Snack Shop, Inc.				
Principal Place of Business	Mailing Address			
	MOSE HEAL	L. Court SW		
48 Plantation Drive	2 (1010) 10T	h Court S.W. y, Fla. 32968		
VeroBch, F1. 32966	vero beach	y 1-1a. 52760	3. Date incorporated or Qualified	3a. Date of Last Report
JETO LONGE IT SO TO	•		09109196	1996
2. Principal Place of Business	2a. Mailing Address.	·	4 EFI Number	Applied For
27 48 Plantation Driv		th.CourtsW	65-0702098	Not Applicable
Sulte, Apt #, etc.	Suite, Apt. #, etc.	11.000		\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	Cily & State	al. Ha	6. Election Campaign Financing	\$5.00 May Be
23 Vero Beach, Ma.	28 Vero Bea			Added to Fees
zip 32966 25 Country U.S	. 2 3a968	Country U.S.	8. This corporation has liability for inter-	
24 3270 (25 U.S.) 9. Name and Address of Curr		[30] 4.5,	Florida Statutes 10. Name and Address of New Regis	
		81 Name	10. Itamo alla Audites di Itaw Hegi	North Agent
Samuel A. Blog	νΚ			
2127 Tenth Aven	use,	82 Street Addr	ess (P.O. Box Number is Not Acceptable	· .
		83		
Vero Beach, Fla. 33	2460			
^		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0	502 and 607.1508, Florida Statut	es, the above-named corp	oration submits this statement for the pur	pose of changing its registered
office or registered agent, or both, in the Sta agent. Fam (amiliar with, and accept the ob-	ale of Florida. Such change was a ligations of, Section 607,0505. Flo	authorized by the corporati orida Statutes	ion's board of directors. I hereby accept t	he appointment as registered
SIGNATURE				
Signature Typod or printed name of registered	agent and title if applicable (NOT)	Er Registered Agent signature require	ed when reins(ating)	DATE
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE PISIT	L] DELETE	1.1 TIPLE		Change Addition &
NAME Terry M. Hami		1.2 NAME		[2]
STREET ADDRESS 5197 Fairway	DUIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP HYON, Indiana	DELETE DELETE	1 4 CITY - ST - ZIP 2 1 TITLE		Change Addition
TITLE NAME		2 2 NAME		Change C Addition
		2 3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		2 4 CITY-ST-7IP		
THLE	DELETE	31 TITLE -		Change Addition
NAME	-	3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3 4. CITY - ST - ZIP		
TITLE	DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME .		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 C(1Y - S1 - Z(P		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		IM .
STREET ADDRESS		5 3 STREET ADDRESS	•	MAD
CITY-ST-ZIP		5 4 CITY - ST - ZIP		612
TITLE	☐ DELETE	6 1 117CF	80000222	Change Addition
NAME		6.2 NAME	-07/01/970100	j2003
STREET ADDRESS		63 STREET ADDRESS	6000222 -07/01/970100 ***550,00	
CITY-ST-ZIP	P 4	6 4 CiTY - S1 - ZIP		
14. I do hereby certify that the information supp	ilied with this filing does not qualit	ly for the exemption stated	i in Section 119.07(3)(i), Florida Statutes.	Liturther certify that the

I do 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 eath; that I am an officer or director of the corporation or the receiver or frustee 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: John M. Hamilton (Terry M. Hamilton) 6/18/97 562-708