

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

FILED

May 18 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 # P96000080560 (1)

1. Corporation Name
WIN VISTA CORPORATION

Principal Place of Business

1 SOUTH OCEAN BLVD
STE 201
BOCA RATON FL 33432
US

Mailing Address

1 SOUTH OCEAN BLVD
STE 201
BOCA RATON FL 33432
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1996

4. FEI Number 65-0767599

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fees Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 6940 Koll Center Parkway

27 Suite, Apt. #, etc.

27 Suite 100

28 City & State

28 Pleasanton, CA

29 Zip Country

29 94566 30 U.S.A.

9. Name and Address of Current Registered Agent

BRYN, MARK J
2 S. BISCAYNE BLVD.
SUITE 3599
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

Signature, typed or printed name of registered agent or officer, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CPD	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, JOHN H	
STREET ADDRESS	1035 S. FEDERAL HIGHWAY	
CITY-ST-ZIP	DELRAY BEACH FL 33483	

TITLE	VSD	<input type="checkbox"/> DELETE
NAME	TIELENS, STEVEN	
STREET ADDRESS	1035 S. FEDERAL HIGHWAY	
CITY-ST-ZIP	DELRAY BEACH FL	

TITLE	CFOD	<input checked="" type="checkbox"/> DELETE
NAME	WARDEL, PETER	
STREET ADDRESS	1035 S. FEDERAL HIGHWAY	
CITY-ST-ZIP	DELRAY BEACH FL 33483	

TITLE	CFOD	<input checked="" type="checkbox"/> DELETE
NAME	KAUFMAN, GARY	
STREET ADDRESS	1035 S. FEDERAL HIGHWAY	
CITY-ST-ZIP	DELRAY BEACH FL 33483	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman and CEO C/O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Michael S. Fields	
1.3 STREET ADDRESS	6940 Koll Center Parkway, Ste. 100	
1.4 CITY-ST-ZIP	Pleasanton, CA 94566	

2.1 TITLE	President and COO P/O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Wayne Leonard	
2.3 STREET ADDRESS	One South Ocean Blvd, Ste. 201	
2.4 CITY-ST-ZIP	Boca Raton, FL 33432	

3.1 TITLE	Vice President, Finance V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Antoinette West	
3.3 STREET ADDRESS	6940 Koll Center Parkway Ste. 100	
3.4 CITY-ST-ZIP	Pleasanton, CA 94566	

4.1 TITLE	EDWARD FORWOOD D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	010 DURLACHER LBN	
4.3 STREET ADDRESS	4 CILSWELL ST	
4.4 CITY-ST-ZIP	LONDON EC1V 4UP UK	

5.1 TITLE	MARK WILKINSON CBO. D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VENTURE TECHNOLOGIES	
5.3 STREET ADDRESS	52-54 HIGH HOLBORN 6th FLOOR	
5.4 CITY-ST-ZIP	LONDON WC1V 6SE UK	

6.1 TITLE	STEVEN TIELENS D, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	1 SOUTH OCEAN BLVD SUITE 201	
6.3 STREET ADDRESS	BOCA RATON FL 33432	
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:

CR2E034 (10/97)