Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000080560**1. Corporation Name

Principal Place of Business

WINVISTA CORPORATION

1 SOUTH OCEAN BLVD STE 201 BOCA RATON FL 33432 US		6940 KOLL CENTER PARKWAY STE 100 PLEASANTON CA 94568 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/30/1996		
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26 6700 Kall Cen	ler to:	KWOV	65-0767599		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		 /-	5. Certificate of Status Desired		Additional Required
City & State	9	City & State	^A		Election Campaign Financing Trust Fund Contribution	•	May Be d to Fees
Zip	Country 25	29 94566 30	Country		This corporation owes the current year In Personal Property Tax.	⊻ Yes	□No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent	
DDV	LINE TO A STATE OF THE STATE OF		81	Name			
BRYN, MARK J 2 S. BISCAYNÉ BLVD				Street A	Address (P.O. Box Number is Not Acceptable)		
SUITE 3599			83		<u>, </u>		
	fl FL,33131		83		•		. 1
(MPA)	7 (\$ 1) 4 8 8 4 4 8 11 4 11 11 11 11 11 11 11 11 11 11 11 1		84	City	··· FI	85 Zij	Code
		CRANCE AND A	<u> </u>		amounting a shorter this statement for the purpose of	f changing i	its registered
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 a	nd title if applicable. (NOTE: Re	gistered Ager	it signature re	quired when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES, TO OFFICERS A	ND DIRECT	TORS IN 12
TITLE	CEOC	☐ DELETE	1.1 TITLE		Charactar the Mecal (T)	Chang	e 🗌 Addition
NAME	FIELDS, MICHAEL S	,	1.2 NAME		Fields, Michael Strys Ste. 190 6700 Kollenkr Akwys Ste. 190		
STREET ADDRESS	6940 KOLL CENTER PKWY, STE	100	1.3 STREET	T ADDRESS	6700 Kallcent Truys Je		
CITY-ST-ZIP	PLEASANTON CA 94566		1.4 CITY-S	T-ZIP	Plansonton, CA 94566		
TITLE	DS	. DELETE	2.1 TITLE		V/D/R	Chang	e Addition
NAME	TIELENS, STEVEN		2.2 NAME	ļ	Tielens Steven But Steven		
STREET ADDRESS	1 SOUTH OCEAN BLVD STE 20		2.3 STREE	r address	CUS PONTY CREAM DEAT	-	
CITY-ST-ZIP	BOCA RATON FL 33432		2.4 CITY-5		ROCC KOTON, F C 33 1000		
TITLE	PC00	☐ DELETE	3.1 TITLE	j	President and CEO/D	Chang	e 🔲 Addition
NAME	LEONARD, WAYNE		3.2 NAME		Leonard Warne of Astraol		
STREET ADDRESS	ONE SOUTH OCEAN BLVD, STE	201	3.3 STREET	T ADDRESS	President and CEO/D Leanard Wayne One South Ocean Blud, Str. 201		
CITY-ST-ZIP	BOCA RATON FL 33432		3.4. CITY- S		Boca Raton, FL 33432		
ΠΠLE	VPFV	☐ DELETE	4.1 TITLE	Ì	V . A Androylo	Chang	e
NAME	WEST, ANTONETTE		4. 2 NAME	ĺ	6700 Kollcenter Parkwayste	40	
STREET ADDRESS	6940 KOLL CENTER PKWY, STE	100	4.3 STREET	T ADDRESS	6700 Koncerna makings are	• •	
CITY-ST-ZIP	PLEASANTON CA 94566		4.4 CITY-S	T-ZIP	Pleasanton, CA 94566		
TITLE	D	☐ DELETE	5.1 TITLE	-		∏ Chang	e Addition
NAME	WILSHER, MARK E		5.2 NAME				
STREET ADDRESS VEHICLE TEOTI GE ST THOM TO COUNTY OF THE COUNTY				T ADDRESS			
CITY-ST-ZIP+1/1	LONDON UK WC1V6		5.4 CITY-S	T-ZIP	Lordon UK WCIV 6SE		
TITLE (200)	D	DELETE	6.1 TITLE	ļ	Dian Glassi	☐ Chang	e Addition
NAME	FORWOOD, EDWARD		6.2 NAME		Venture Tech 52-54 High Hollow 64	THOU	
STREET ADDRESS	C/O DÜRLACHER LN, 4 CHISWE	ELL ST	i i	TADDRESS	NOTICE ICINO 2017 HAIL TO COM B	•	
CITY-ST-ZIP	LONDON UK EC1Y4		6.4 CITY-S	T-ZIP	London UK NCAV 68E		

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, with all other like empowered.

SIGNATURE:

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90035 019 ***150.00