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 # P9600083038 (5)

TELEVISTA INC.

Principal	Place	of	Business
-----------	-------	----	----------

FILED May 23 1997 8:00am Secretary of State



Principal Place of Business Mailing Address						
300 HARBOR DRIVE INDIAN ROCKS BEACH FL 34635		300 hare Indian R	300 HARBOR DRIVE INDIAN ROCKS BEACH FL 33785-3135			
						3. Date incorporated or Qualified 3a. Date of Last Report 10/08/1996
2. Principal Pl	ace of Business	2a. Mailir	g Address			4. FEI Number Applied For
21		26				Not Applicable
Sulte, Apt. 4	#, etc.	<u> </u>	Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
City & State	\	27 City 8	State			Fee Required
23	;	28	SIAIU			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip		Country	 -	
24	25	29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
	9. Name and Address of Cur		Agent	100		10. Name and Address of New Registered Agent
DUN	CAN, CHUCK			81	Name	
	QUEEN PALM DRIVE			82	Chront	Address (D.O. Day M. selection Not Assessable)
	PA FL 33619			02	Street	Address (P.O. Box Number is Not Acceptable)
1 2 24411	, , , , , , , , , , , , , , , , , , , ,			83		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	•			0.4		le-let o
				84	City	FL 85 Zip Code
office or re	o the provisions of Sections 607.0 egistered agent, or both, in the Sta n familiar with, and accept the ob	ite of Florida, Suc	ch change was a	authorized by	the corp	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
	Signature, typod or printed name of registered	agent and title it applica	abla. (NOI	E: Registereo Apo	ent signature	required when reinstating) DATE
12.	OFFICERS A	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE			☐ DELETE	1.1 1111.6		Pres., Secy, Dir. Change XX Addition
NAME	•			1.2 NAME	1	Bruce W. Wilkinson
STREET ADDRESS				1.3 STREET	ADDRESS	
CITY-ST-ZIP				1.4 CITY - S		5020 Gunn Hwy., Ste. 210 Tampa, FL 33624
TITLE	•		DELETE	21 11TLE		Vice Pres., Dir. Patrick R. Greenish
NAME				2.2 NAME	İ	Patrick R. Greenish
STREET ADDRESS				2.3 STREET	ADDRESS	300 Harbor Drive
CITY-ST-ZIP				2. 4 CITY -	ST-ZIP	Indian Rocks Beach, FL 34635
TITLE			DELETE	3.1 T/11LE	Į	Treasurer, Dir.
NAME				3 2 NAME		Fred M. Fabro
STREET ADDRESS				3.3 STREET	ADDRESS	13693 - 18th Avenue
CITY-ST-ZIP				34. CITY-5	S) - Z(P	Surrey, British Columbia V4A1W5
TITLE			DELETE	411711.6	1	Change Addilion
NAME				4 2 NAME	ļ	
STREET ADDRESS				4.3 STREET	ADDRESS	
CITY-ST-ZIP			Consess	4.4 CITY - S	T-ZIP	——————————————————————————————————————
TITLE			DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME				5.2 NAME		$V_0 \sim V_0$
STREET ADDRESS				5.3 STREFT	1	6/ K
CITY-ST-ZIP			Document	5.4 CITY- S	1-21P	7
TITLE			DELETE	611IILE	ļ	☐ Change ☐ Addition
NAME				6.2 NAME	-	800002210318 -06/12/9701066008
STREET ADDRESS				6.3 STREET	- 1	***550.00
CITY-ST-ZIP				6.4 CHY-S	1-2IP	ಸಸಸವ⊃ಧಾ, ಆಟ

14. 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 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 changes, or on an attachment with an address.