

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90100 050 ***150.00

DOCUMENT # P96000083038

1. Corporation Name
TELEVISTA INC.

Principal Place of Business

5020 GUNN HIGHWAY
SUITE 210
TAMPA FL 33624
US

Mailing Address

5020 GUNN HIGHWAY
SUITE 210
TAMPA FL 33624
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/08/1996

4. FEI Number

59-3462618

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 420 Park Place

Suite, Apt. #, etc.

22 Suite 100

City & State

23 Clearwater, FL

Zip

24 33759

Country USA

2a. Mailing Address

26 420 Park Place

Suite, Apt. #, etc.

27 Suite 100

City & State

28 Clearwater, FL

Zip

29 33759

Country USA

9. Name and Address of Current Registered Agent

DUNCAN, CHUCK
3625 QUEEN PALM DRIVE
TAMPA FL 33619

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD ☒ DELETE

NAME WILKINSON, BRUCE W

STREET ADDRESS 5020 GUNN HWY., STE 210

CITY-ST-ZIP TAMPA FL 33624

TITLE VD ☒ DELETE

NAME GREENISH, PATRICK R

STREET ADDRESS 300 HARBOR DR.

CITY-ST-ZIP INDIAN ROCKS BEACH FL 34635

TITLE TD ☒ DELETE

NAME FABRO, FRED M

STREET ADDRESS 13693 18TH AVE

CITY-ST-ZIP SURREY BC V4A1W-5

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR ☐ Change ☒ Addition

1.2 NAME Wayne Phipps

1.3 STREET ADDRESS 450 OAKSHADE Road

1.4 CITY-ST-ZIP SHAMONG, NJ 08088

2.1 TITLE President ☒ Change ☐ Addition

2.2 NAME Greenish, Patrick R

2.3 STREET ADDRESS 300 Harbor Dr

2.4 CITY-ST-ZIP Indian Rocks Beach, FL

3.1 TITLE SECRETARY ☒ Change ☐ Addition

3.2 NAME Wilkinson, Bruce W.

3.3 STREET ADDRESS 5020 Gunn Hwy, Suite 210

3.4 CITY-ST-ZIP TAMPA, FL 33624

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/99

727-723-2440

CR2E034 (11/98)