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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

'•		1999		DIVISION OF C	ORPORATIONS	FILED	
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ι	· p - · · · · · ·	VISTA II, INC.				GEOGRAPH TO STATI	<u>.</u>
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Pr	incipal Plac	e of Business	Ma	lling Address		1 seelisber som tåted mittel matte matte matte	I MILL MISTRE STRIP I DISMI TRUIS I MARI
	O S.HIAWAS	ISEE ROAD		BOX 4961			
SUITE 107 ORLANDO FL 32801 ORLANDO FL 32835 US			ANDO FL 32801-4961		DO NOT WRITE IN THIS SPACE		
"	DANDO FE C	2003	03			3. Date Incorporated or Qualified	OI ACC
						11/26/1996	
2.	Principal P	lace of Business	2a.	Mailing Address	4	4. FEI Number	Applied For
21			26			59-34 13452	Not Applicable
	Suite, Apt.	#, etc.	ļ <sub>1</sub>	Suite, Apt. #, etc.		5. Certificate of Status Desired [ ]	\$8.75 Additional
22	0. 00.		27	antigal.			Fee Required
	City & Stat	e	F ~1	City & State		6. Election Campaign Financing	\$5.00 May Be
23	Zip	Cou	ntry [28]		Country	Trust Fund Contribution	Added to Fees
24		25	29	·	30	This corporation owes the current year Int     Personal Property Tax	[]Yes []No
			dress of Current Regist		- I	10. Name and Address of New Registered	
				~	81 Name	€	• • • • • • • • • • • • • • • • • • • •
			MICES OF CENTRAL	FLA.,INC	82 Street	t Address (P.O. Box Number is Not Acceptable)	
ļ		N. ORANGE AVEN	UE		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	A Middle as (F. 10 Box Hullion 13 Hot Proceptions)	
		E 1100 ANDO FL 32801			83		
	UND	NINDO I L 32001			84 City		85 Zip Code
						FL	
11.	<ul> <li>Pursuant office or re</li> </ul>	to the provisions of S egistered agent, or bo	ections 607.0502 and 60 oth, in the State of Florida	7.1508, Florida Statute . Such change was au	s, the above-name thorized by the con	ed corporation submits this statement for the purpose of poration's board of directors. Thereby accept the appoi	changing its registered introduction
	agent I a	m familiar with, and a	ccept the obligations of,	Section 607.0505, Flori	da Statutes	,	
SIC	SNATURE	Recognitive account of a second	erenye			e rejens diwhes necishboak QATE	
12		Signature, typed or printed no	of registered agent and time it is OFFICERS AND DIRECT		T 13.	e region dwher, recistiting) OATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITL		PD		X DELETE	11 DIGE		[   Change [   Addition
NAM	rE	CHIRA, LEE		1	1.2 NAME	2000028178	F: 42 1
STR	EET ADORESS	3300 S.HIAWASS	EE ROAD, SUITE 107		13 STREET ADDRESS		1006022
C/TY	-ST-ZIP	ORLANDO FL 32	835		14 CHY-\$1-26	****150.08	****150.00
TITL	E	VPS		[.] DELETE	2 1 111.F		[   Change [ ] Addition
NAM	E (	CARLTON, CHAR			2.2 NAME		
STR	EET ADORESS	3300 S HIAWASS			2.3 STREET ADDRESS	s	ļ
	·ST-ZiP	ORLANDO FL 32	835	The second	2 4 CITY-ST-7F	1. m	A
TITL	)	VPT	^	[] DELETE	3 1 THEE	VPT KROPP, STEVEN G.	Change [] Addition
NAM		KROPP, STEVEN			3.2 NAME	3200 S. HAWASSEE ROAD	#200
	EET ADORESS	3200 S. HIAWASS ORLANDO FL 320				DELANDO, PL 32835	
TITL	-\$T-ZIP	VPAS		[ ] DELETE	34 CITY ST-7IF	NPAS	Change [] Add-tion
NAM	I	MCKINNEY, EUGI	ENE JOSEPH		1.25816	MYKINNEY, ELGERE JOSEPH	넓
	EET ADDRESS	3200 S. HIAWASS			4 3 STREET ADDRESS	1 2 11 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	#zap
	-ST-ZIP	ORLANDO FL 328			4.4 City-51-264	ORLANDO, PL 32835	_
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STRE	EET ADORESS				53 STREET ADDRESS	s <b> </b>	
crry	-ST-ZIP				5.4 CITY+ST-2IF		Δ. Ω
TITLE	E - ]			[ ] DELETE	61 TITLE		[   Change   LA Add

14. Thereby 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 true or empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with all address, with all other like empowered

SIGNATURE:

SIGNATURE:

NAME

IGNING OFFICER OR DIRECTOR

407-297-1600