

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

FILED
Jun 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000003688 (3)

1. Corporation Name
AVISTA PROPERTIES VI, INC.



Principal Place of Business: **3956 W. COLONIAL DRIVE ORLANDO FL 32808**

Mailing Address: **3956 W. COLONIAL DRIVE ORLANDO FL 32808**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **5353 CONROY ROAD**
 Suite, Apt. #, etc.

22

City & State
 23 **ORLANDO, FLORIDA**

Zip Country
 24 **32811** 25 **ORANGE**

2a. Mailing Address

26 **5353 CONROY ROAD**
 Suite, Apt. #, etc.

27

City & State
 28 **ORLANDO, FLORIDA**

Zip Country
 29 **32811** 30 **ORANGE**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
01/14/1997

4. FEI Number
59-3422542

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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

10. Name and Address of New Registered Agent

YERGEY, DAVID A JR.
211 N. MAGNOLIA AVENUE
ORLANDO FL 32801

81 Name
ANIL VALBH

82 Street Address (P.O. Box Number is Not Acceptable)
5353 CONROY ROAD

83

84 City
ORLANDO

85 Zip Code
FL 32811

11. Pursuant to the provisions of Sections 607.01(2) 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, Sections 607.01(2) and 607.1508, Florida Statutes.

SIGNATURE: *[Signature]* (Not a Registered Agent signature required when reinstating)

DATE: **4-28-98**

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	VALBH, ANIL I	
STREET ADDRESS	3956 W. COLONIAL DRIVE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5353 CONROY ROAD
1.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32811
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	300002558825
6.3 STREET ADDRESS	-06/12/98--01091--030
6.4 CITY-ST-ZIP	***158.75

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 employed by the corporation; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with this report as required by Chapter 607, Florida Statutes; and that my name appears in

[Signature] **4/28/98**

CR2E034 (10/97)