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

PROFIT
CORPORATION
ANNUAL REPORT
1998

DOCUMENT #



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 21 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000070324 (3)

VISTA ENTERPRISES OF NAPLES, INC.  Principal Place of Business Mailing Address  2500 AIRPORT SOUTH SOUTH SUITE 310 NAPLES FL 34112  NAPLES FL 34112				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
2 Principal P	Place of Business	2a. Mailing Address		08/11/1997 4, FEI Number	Applied For
21	idee of business	26 Post Office	e Box 800	1 59-3466442	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Stat	e	City & State 28 Naples,	FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29 34101	30 USH	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Register	ed Agent
SIESKY, JAMES H			81 Name		
1000 NORTH TAMIAMI TRAIL			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
	ITE 201 PLES FL 34102		83		
140	FLES FE 94102		24 0		11 7:0 4
			84 City	F	Zip Code
office or r agent. I a SIGNATURE	egistered agent, or both, in the Standarmiliar with, and accept the ob-		uthorized by the corporation of	oration submits this statement for the purposion's board of directors. I hereby accept the	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	☐ DELETE	11 TITLE		Change Addition
NAME	TAYLOR, LARRY N		1.2 NAME		
STREET ADDRESS	2500 AIRPORT SOUTH SOI	<b>JTH</b>	1.3 STREET ADDRESS		
CITY - ST - ZIP	NAPLES FL 34112	DELETE	1.4 CITY-ST-ZIP		Channa   Addition
TITLE NAME	D TAVIOD DATEL		2.1 TITLE		Change Addition
STREET ADORESS	TAYLOR, PATTI L   2500 AIRPORT SOUTH SOI	ITL	2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34112	J1(1	2.4 CITY - ST - ZIP		
TITLE	100 000 70 07778	DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

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 equivalent 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.