FILED

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90049 022 ***150.00

Mailing Address

5401 KIRKMAN ROAD

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000106773

1. Corporation Name

5401 KIRKMAN ROAD

Principal Pace of Business

VISTAR REAL ESTATE, INC.

SUITE 725 ORLANDO FL 32819		SUITE 725 Orlando fl 32819			DO NOT WRITE IN THIS SPACE					
OREARDO TE O	2013	ONE MEDICAL SECTION				3.	Date Incorporated or Qualifi 12/19/1997	ed		
2. Principal Pla	ace of Business	2a. Mailing Address					FEI Number		A	prilied For
21		26					<u>59-3484113</u>		N	lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				_	Certifcate of Status Desired		¥	Additional
22							Certificate of Status Desired		Fee F	Required
City & State		City & State				6.	Election Campaign Financir	ng 🖂	\$5.00) i√lay Be
		28					Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Cour	Country		8.	This corporation owes the o	urrent year I	ntangible	_
24	25	29	30	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent			10.	Name and Address of Ne	w Registere	d Agent		
				81 N	Name					
	TIB, RASHID A		82 St		Street Add	rress (P.	.O. Box Number is Not Acce	eptable)		
	KIRKMAN ROAD									
	E 725		Ţ	83						
ORL	ANDO FL 32819		-	84 (City -	_			. 85 Zip	Code
				*	JILY .			F		. 0000
11. Pursuant i	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the ab	ove-n	amed corp	poration	submi s this statement for t	he purpose	of changing it	ts registered
office or re	egistered agent, or both, in the State € m familiar with, and accept the obligate	: f Florida.Such change was 🤋	authorized	by the	e corporati	tion's bo	ard of clirectors. I hereby ac	cept the aps	ointment as r	registered
Ū	Il lamiliar with, and ascept the conga-	Unis Oi, Section Servesse,	Jilia oto	1103.						
SIGNATUFE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered /	Agent sig	nature requir	red when re	einstating)	DATE]
12.	OFFICERS AN		13.				ADDITIONS/CHANGES TO	OFFICERS.	AND DIRECT	OFIS IN 12
TITLE	D	DELETE	1.1 1111	1.1 TITLE					☐ Change	
NAME	KHOURI, ZAHI W		1.2 NA	ME						
STREET ADDRESS	5401 KIRKMAN ROAD			REET AD	DRESS					
CITY-ST-ZIP	ORLANDO FL 32819		L	ry-st-zi	1					}
TITLE	D D	DELETE	2.1 TITI		<u>"</u> -				Change	Addition
NAME	KHATIB, RASHID A	_	2.2 NAI							
	5401 KIRKMAN ROAD				3 STREET ADDRESS					1
STREET ADDRESS	ORLANDO FL 32819		i i		. 4 CITY-ST-ZIP					
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	T DELETE	3.1 117		 				Change	Addition
TITLE	D DOOR DANDALL D									´
NAME			3.2 NA							
STREET ADDRESS	5401 KIRKMAN ROAD			REET AD						
C/TY-ST-ZIP	ORLANDO FL 32819			TY-ST-Z	IP -				Change	Addition
TITLE	D	☐ DELETE	4.1 TITI						Change	Addibon
NAME	LUNDIN, BARRY A		4,2 NA	ME	1					
STREET ADDRESS	5401 KIRKMAN ROAD		4.3 STF	REET AD	DRESS					
CITY-ST-ZIP	ORLANDO FL 32819		4.4 CIT	ry-st-zi	P					
TITLE		☐ DELETE	5.1 TITI						☐ Change	e
NAME			5.2 NAI	ME						
STREET ADDRESS			53 ST	REET AD	DRESS					Į
CITY-ST-ZIP			5.4 CIT	ry-st-zi	IP					
TITLE		☐ DELETE	6.1 TIT	LE					Change	Addition
NAME			6.2 NA	ΜE						
STREET ADDRE 3S			6.3 STF	REET AD	DRESS					}

14. Hereby certify that the informat on 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 or derivation 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:

CITY-\$T-ZIP

Daytime Phone #

Date