


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

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90108 020 \*\*\*150.00

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000022331**

1. Corporation Name  
**VISTA EAST IMPROVEMENT CORP.**



Principal Place of Business <b>130 SO ORANGE AVE ORLANDO FL 32801</b>	Mailing Address <b>130 SO ORANGE AVE ORLANDO FL 32801</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 3030 LBJ Frwy., LB #6</b>		2a. Mailing Address <b>26 3030 LBJ Frwy., LB #6</b>		3. Date Incorporated or Qualified <b>03/09/1998</b>	
Suite, Apt. #, etc. <b>22 1500</b>		Suite, Apt. #, etc. <b>27 1500</b>		4. FEI Number <b>59-3524303</b>	
City & State <b>23 Dallas, Texas</b>		City & State <b>28 Dallas, Texas</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip <b>24 75234</b>		Zip <b>29 75234</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>YEAGER, ROBERT A 130 SO ORANGE AVE ORLANDO FL 32801</b>		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>D/V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>YEAGER, ROBERT A</b>		1.2 NAME <b>Richard L. Croteau</b>	
STREET ADDRESS <b>130 SO ORANGE AVE</b>		1.3 STREET ADDRESS <b>3030 LBJ Frwy., LB 6, Suite 1500</b>	
CITY-ST-ZIP <b>ORLANDO FL 32801</b>		1.4 CITY-ST-ZIP <b>Dallas, TX 75234</b>	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE <b>D/P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME <b>J. Scott Nesbit</b>	
STREET ADDRESS		2.3 STREET ADDRESS <b>633 West Fifth St., Suite 6770</b>	
CITY-ST-ZIP		2.4 CITY-ST-ZIP <b>Los Angeles, CA 90071</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <b>D/V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME <b>Richard A. Mildner</b>	
STREET ADDRESS		3.3 STREET ADDRESS <b>7600 Southwest Blvd., Suite 102</b>	
CITY-ST-ZIP		3.4 CITY-ST-ZIP <b>Orlando, FL 32809</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME <b>Marcus L. Scroggins</b>	
STREET ADDRESS		4.3 STREET ADDRESS <b>3030 LBJ Frwy., LB 6, Suite 1500</b>	
CITY-ST-ZIP		4.4 CITY-ST-ZIP <b>Dallas, TX 75234</b>	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME <b>Scott H. Raskin</b>	
STREET ADDRESS		5.3 STREET ADDRESS <b>3030 LBJ Frwy., LB 6, Suite 1500</b>	
CITY-ST-ZIP		5.4 CITY-ST-ZIP <b>Dallas, TX 75234</b>	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME <b>David L. Frame</b>	
STREET ADDRESS		6.3 STREET ADDRESS <b>5360 Laurel Oak Dr.</b>	
CITY-ST-ZIP		6.4 CITY-ST-ZIP <b>Suwanee, GA 30024</b>	

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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99 972-443-6000

Date

Daytime Phone #

CR2E034 (11/98)