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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90011 009 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000046861

1. Corporation Name
VISTA CAPITAL CORPORATION



Principal Place of Business
**965 N NOB HILL ROAD
SUITE 112
PLANTATION FL 33324**

Mailing Address
**965 N NOB HILL ROAD
SUITE 112
PLANTATION FL 33324**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **same**

Suite, Apt. #, etc.

22 **Suite 141**

City & State

23 **same**

Zip

Country

24 **same**

25

2a. Mailing Address

26 **same**

Suite, Apt. #, etc.

27 **Suite 141**

City & State

28 **same**

Zip

Country

29 **same**

30

3. Date Incorporated or Qualified

05/21/1998

4. FEI Number

65-0843299

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**EMO CORPORATE SERVICES, INC.
100 NE 3RD AVE
SUITE 1100
FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name

Richard E. Schatz

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

Stearns Weaver Miller et al

83

150 West Flagler Street, #2200

84 City

Miami

FL

85 Zip Code

33130

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

TITLE **D** ☐ DELETE

NAME **SHEIR, DAVID**

STREET ADDRESS **965 N NOB HILL ROAD STE 112**

CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **D** ☐ DELETE

NAME **METZKES, MICHAEL**

STREET ADDRESS **965 N NOB HILL ROAD STE 112**

CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P, T

☐ Change

☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

VP, S

☐ Change

☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 a holder like empowered.

SIGNATURE:

Vice President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99 954-647-5056

Date

Daytime Phone #

CR2E034 (11/98)