


5-19-97 B-7530 MC  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V26399** (8)  
1. Corporation Name  
**VISTA DATA SERVICES, INC.**

Principal Place of Business <b>7839 GLEN ABBEY CIRCLE ORLANDO FL 32819 US</b>	Mailing Address <b>P.O. BOX 661 WINDERMERE FL 34786-0661 US</b>
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3. Date Incorporated or Qualified <b>04/06/1992</b>	3a. Date of Last Report <b>05/15/1996</b>
4. FEI Number <b>59-3126845</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>4840 Princess Anne Ln</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>4840 Princess Anne Ln</b> Suite, Apt. #, etc.
22 City & State 23 <b>Jacksonville FL</b> Zip Country 24 <b>32210 US</b>	27 City & State 28 <b>Jacksonville FL</b> Zip Country 29 <b>32210 US</b>

9. Name and Address of Current Registered Agent <b>GRANT, LINDA L 7839 GLEN ABBEY CIRCLE ORLANDO FL 32819</b>	10. Name and Address of New Registered Agent 81 Name <b>Susan G. Conyers</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>4840 Princess Anne Lane</b> 83 84 City <b>Jacksonville</b> FL 85 Zip Code <b>32210</b>
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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 *Susan G. Conyers* **Susan G. Conyers** **4/29/97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>GRANT, LINDA L</b>		1.2 NAME <b>Susan G. Conyers</b>	
STREET ADDRESS <b>208 E 5TH AVE</b>		1.3 STREET ADDRESS <b>4840 Princess Anne Lane</b>	
CITY-ST-ZIP <b>WINDERMERE FL</b>		1.4 CITY-ST-ZIP <b>Jacksonville FL 32210</b>	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME <b>Harrison E. Conyers III</b>	
STREET ADDRESS		2.3 STREET ADDRESS <b>4840 Princess Anne Lane</b>	
CITY-ST-ZIP		2.4 CITY-ST-ZIP <b>Jacksonville FL 32210</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Linda Grant* **Linda Grant** **4/29/97** **904-389-4892**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)