

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

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90024 034 ***150.00

0649273

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F97000001866

1. Corporation Name
INVISTA CAPITAL MANAGEMENT, INC.



Principal Place of Business 711 HIGH STREET DES MOINES IA 50392	Mailing Address 711 HIGH STREET DES MOINES IA 50392
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/10/1997	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 42-1238567	Applied For Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, CRAIG R	1.2 NAME	
STREET ADDRESS	711 HIGH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA 50392	1.4 CITY-ST-ZIP	
TITLE	VDO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OPSAI, SCOTT D	2.2 NAME	
STREET ADDRESS	711 HIGH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA 50392	2.4 CITY-ST-ZIP	
TITLE	VTD0	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, DAVID T	3.2 NAME	<i>Sandquist, Jayma</i>
STREET ADDRESS	711 HIGH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA 50392	3.4 CITY-ST-ZIP	
TITLE	VS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, JOYCE N	4.2 NAME	
STREET ADDRESS	711 HIGH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA 50392	4.4 CITY-ST-ZIP	
TITLE	OS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRICKER, MARY L	5.2 NAME	
STREET ADDRESS	711 HIGH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA 50392	5.4 CITY-ST-ZIP	
TITLE	GD0	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLER, RONALD E	6.2 NAME	<i>Bassett, Craig L.</i>
STREET ADDRESS	711 HIGH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA 50392	6.4 CITY-ST-ZIP	

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: *Mary L Bricker* **MARY L BRICKER** 11/13/99 (515) 247-5111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (11/98)