

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

FILED
May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000070262 (6)

1. Corporation Name
CD-VIEW, INC.



Principal Place of Business
10440 WOODS EDGE DRIVE
FISHERS IN 46038

Mailing Address
10440 WOODS EDGE DRIVE
FISHERS IN 46038-9355

3. Date Incorporated or Qualified: 08/21/1996
3a. Date of Last Report

2. Principal Place of Business
21 10440 WOODS EDGE DRIVE
Suite, Apt. # etc.

2a. Mailing Address
26 10440 WOODS EDGE DRIVE
Suite, Apt. #, etc.

4. FEI Number: 35-1995035
Applied For: Not Applicable

22 City & State
23 FISHERS, Indiana

27 City & State
28 FISHERS, Indiana

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

24 Zip: 46038
25 Country: U.S.A.

29 Zip: 46038
30 Country: U.S.A.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALSH, JOHN R II, ESQ
1207 THIRD STREET SOUTH
SUITE 2
NAPLES FL 33940

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: 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	DELETED
NAME	President
STREET ADDRESS	Melissa DeHaven
CITY - ST - ZIP	10440 WOODS EDGE DR. FISHERS, INDIANA 46038
TITLE	DELETED
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	DELETED
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	DELETED
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	DELETED
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: Melissa A. DeHaven 4/29/97 317-776-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)