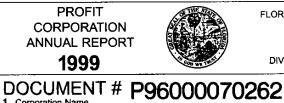
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED May 06, 1999 8:00 am Secretary of State

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05-06-1999 90133 011 ***150.00

Corporation marie	
CD-VIEW, INC.	
	1 15011001 (18 10/10 10/11 10/11) ENIX ENIX ENIX ENIX ENIX ENIX ENIX ENIX

Principal Place							
,	of Business	Mailing Address					
	URDUE RD #211 10440 WODDS EDGE DRIVE APOLIS IN 46268 FISHERS IN 46039 US			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
					08/21/1996		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21 8501		26			35-1995035	 	Not Applicable
Suite, Apt. 7		Suite, Apt. #, etc.				\$8.7	5 Additional
22 Ste	100	27			5. Certifcate of Status Desired	Fee	Required
City & State		City & State		6. Election Campaign Financing S5.00 May Be		0 May Be	
23 Indianapolis IN		28			Trust Fund Contribution		
Zip	Country	Zip	Country	у	8. This corporation owes the current ye	ear Intangible	
24 462	50 ₂₅ US	29	30		Personal Property Tax.	Yes	□No
1.4.1	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regis	tered Agent	
14/41 4			81	l Name			
	SH, JOHN R II, ESQ		82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
	THIRD STREET SOUTH		"	00017.001			
SUITI	•		83	3			,
NAPL	ES FL 33940			4 00		05 7	in Code
			84	City		FL 85 Z	ip Code
11. Pursuant t	o the provisions of Sections 607.0502	and 607,1508. Florida Statute	s, the abov	ve-named corp	poration submits this statement for the purpo	ose of changing	its registered
agent. I ar	n familiar with, and accept the obligati	ions of, Section 607.0505, Flor	ida Statute	S.	on's board of directors. I hereby accept the	оррожино и се	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Age	ant signature require	kd when reinstating) Da	ATE	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND		Registered Age	ant signature require	d when reinstating) D/ ADDITIONS/CHANGES TO OFFICE		TORS IN 12
-				ant signature require			
12.	OFFICERS AND	DIRECTORS	13.			RS AND DIREC	
12. TITLE NAME	OFFICERS AND	DIRECTORS	13. 1.1 TITLE 1.2 NAME			RS AND DIREC	
12. TITLE NAME STREET ADDRESS	OFFICERS AND P DEHAVEN, MELISSA	DIRECTORS	13. 1.1 TITLE 1.2 NAME	ET ADDRESS		RS AND DIREC	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND P DEHAVEN, MELISSA 10440 WOODS EDGE DR	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ET ADDRESS		RS AND DIREC	ge
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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 champed, or on an attachment with an address, with all other like empowered.

SIGNATURE: