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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Bandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997 DOCUMENT # F95000005217 (3)

PARK 'N VIEW, INC.

T Thirty Con t to	ace of Business	Mailing Address		· <del></del>		I <b>dilik filit il</b> ik	1004 IIII 1811 IBB
3403 NW 55TH ST., BLDG. #10 3403 NW 55TH ST., BLDG. FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309							
					Date Incorporated or Qualified     10/19/1995	3a. Date of 04/29/	f Last Report 1996
2. Principal	Place of Business	2a. Mailing Address	··· ·· · · · · · · · · · · · · · · · ·	:	4. FEI Number	<del>- 1</del>	Applied For
]		26			65-0612435		Not Applicable
Suite, Ap	ol.#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$ <sup>1</sup>	8.75 Additional Fee Required
City & Sta	ale	City & State			Election Campaign Financing     Trust Fund Contribution		5.00 May Be Added to Fees
Zιρ	Country	Zip	Cour	ntry	8. This corporation has liability for i	intangible tax u	under s. 199.032,
	25	29	30		Florida Statutes	【Yes ☐ No	0
	9. Name and Address of Cu				10. Name and Address of New Re	gistered Ager	nt
CC	DRPORATION SERVICE COMP	ANY	j	81 Name			
1201 HAYS STREET				82 Street Ad	Street Address (P.O. Box Number is Not Acceptable)		
TA	ILLAHASSEE FL 32301-2525		1			,	
				63			
				84 City		FL 85	Zip Code
office or agent 1	registered agent, or both, in the Stampanian armited agent and accept the o	itate of Florida Such change w	as authorized Florida Stati	by the corpor	rporation submits this statement for the p	of the appoints	nont se rogistored
SIGNATURE					julfed when reinstating)	DATE	neni as registered
	Signature, typical or printed name of registers					DATE	
2,	Signature, typed or printed name of register OFFICERS DP	d agent and tale if applicable	tNOTE Registered	Agent signature rec	ulred when reinstating)	DATE ERS AND DIR	ECTORS IN 12
12, 111f	Signature, typical or printed name of registers OFFICERS DP WILLIAMS, IAN	d againt and tells if applicable AND DIRECTORS DELETE	(NOTE Registered	Agent signature red	ulred when reinstating)	DATE ERS AND DIR	ECTORS IN 12
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CDY-51-7IP 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.

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - ST-ZIP

**SIGNATURE:** 

NAME

TOTAL NAME

STREET ADDRESS

STREET ADDRESS.

STREET ADDRESS

COY- \$1-20°

C(TY+S1-7)P

3403 NW 55TH ST., BLDG. #10

3403 NW 55TH ST., BLDG. #10

FT. LAUDERDALE FL 33309

FT. LAUDERDALE FL 33309

MAYNARD, YVES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

Change

Change

Addition

Addition

**FILED** 

Apr 15 1997 8:00am

Secretary of State

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