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

Mailing Address

JUPITER FL 33458

7128 SE RIVERS EDGE RD

2333 PONCE DE LEON BLVD., SUITE #1110

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G03650

1. Corporation Name

Principal Place of Business 7128 SE RIVERS EDGE RD

JUDITER EL 33458

WOODVIEW CORPORATION

2333 PONCE DE LEON BLVD.. SUITE #1110

US		US		3. Date Incorporated or Qualifed			
					10/01/1982		Ead Fac
. 2. Principal Pl	ace,of Business _ ~	2a. Mailing Address			4. FEI Number	-	lied For
21		26		59-2237722		Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
22		27			3. 331	Fee Red	quired
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zíp	Country	,	8. This corporation owes the current year	Intangible	
24	25	29 3	0		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent	
			81	Name			
VERGARA, CARLÓS M.			L				
	SE RIVERS EDGE RD		82 Street Add		ddress (P.O. Box Number is Not Acceptable)		
			83				
JUPITER FL 33458			83				İ
	•		84	City		85 Zip C	ode
				• • •	F	·L.	
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							
office or re	egistered agent, or both, in the State o	of Florida. Such change was auti	horized by	the corpor	ation's board of directors. I hereby accept the ap	pointment as reg	istered
agent. La	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	ia Statutes	٠.			
SIGNATURE		ANOTE: B	amintored Ago	at elegature rec	uired when reinstating) DATE		
	Signature, typed or printed name of registered agent OFFICERS ANI	, , ,	13.	it signature red	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
12.		DELETE	1.1 TITLE		ADDITIONO GIANGEO TO GIA TOETO	☐ Change	Addition
TITLE	PD	- Octobe	•				_
NAME	VERGARA, MANUEL F SR.		1.2 NAME				
STREET ADDRESS 16 TURTLE CREEK DRIVE			1.3 STREET ADDRESS				
CITY-ST-ZIP	JUPITER FL 33458		1.4 CITY-ST-ZIP			. 	
TITLE	VD	☐ DELETE	2.1 TITLE			Change	Addition
NAME	VERGARA, MANUEL F JR.		2.2 NAME				
STREET ADDRESS	6435 S.W. 94TH STREET	4	2.3 STREE	TADORESS	way the second of the	~~ -	. [
	**************************************		2.4 CITY-5				
CITY-ST-ZIP		☐ DELETE	3.1 TITLE	51- <u>21</u>		Change	Addition
TITLE	TD	_ · · · · · · · · · · · · · · · · · · ·			_	_ •	- }
NAME	VERGARA, CARLOS M		3.2 NAME		·		Ì
STREET ADDRESS	7128 RIVERS EDGE ROAD		3.3 STREE	T ADDRESS			<u> </u>
CITY-ST-ZIP	JUPITER FL 33458		3.4. CITY-	ST-ZIP			
TITLE	DEV	☐ DELETE	4.1 TITLE	1		Change	☐ Addition
NAME	BLANCO, FRANCISCO JR.		4. 2 NAME				
STREET ADDRESS	6801 S.W. 75TH AVE.		4.3 STREE	T ADDRESS			
	MIAMI FL 33143		4.4 CITY-S				}
CITY-ST-ZIP	SD SD	☐ DELETE	5.1 TITLE	•		☐ Change	Addition
		_ 5	5.2 NAME			_ •	_
NAME	BLANCO, JORGE		l	T ADDRESS			
STREET ADDRESS	7440 S.W. 68TH STREET			Į.			
CITY-ST-ZIP	MIAMI FL 33143		5.4 CITY-S	ii-ZIP			O Addition
TITLE YOU	কুই এ কেম্প্র	☐ DELETE	6.1 TITLE			Change	☐ Addition
			6.2 NAME	.			İ
15.71	THE STATE OF THE S		0.000000	T 4 DODESO			

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 or an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TURE REQUIRED DIUBUKT: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90015 004 ***150.00

DO NOT WRITE IN THIS SPACE