

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

**FILED**

**Jan 27 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J39552 (1)**

1. Corporation Name: **COVE VIEW, INC.**



Principal Place of Business <b>% WALTER WILLIAMSON 3710 GULF OF MEXICO DRIVE. #G-33 LONG BOAT KEY FL 34228</b>	Mailing Address <b>% WALTER WILLIAMSON 3710 GULF OF MEXICO DRIVE. #G-33 LONG BOAT KEY FL 34228-2742</b>
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3. Date Incorporated or Qualified <b>10/28/1986</b>	3a. Date of Last Report <b>03/14/1996</b>
4. FEI Number <b>59-2735660</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc	26 Suite, Apt #, etc.
22 City & State	27 City & State
24 Zip	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent <b>WILLIAMSON, WALTER 3710 GULF OF MEXICO DR. LONG BOAT KEY FL 34228</b>	10. Name and Address of New Registered Agent
	81 Name
	82 Street Address (P. O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code <b>FL</b>

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		DELETE
TITLE	<b>DP</b>	<input type="checkbox"/>
NAME	<b>WILLIAMSON, WALTER</b>	
STREET ADDRESS	<b>3710 GULF OF MEXICO DR., G-33</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>WILLIAMSON, FLORENCE</b>	
STREET ADDRESS	<b>3710 GULF OF MEXICO DR., G-33</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>WILLIAMSON, BARBARA I.</b>	
STREET ADDRESS	<b>BOX 165, RD 3</b>	
CITY-ST-ZIP	<b>JERSEY SHORE PA</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: *Walter Williamson* 1/21/97 1-94-783-1514

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

CR2E034 (9/96)