

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **K19860** (1)

1. Corporation Name  
**NEW VIEW CONSTRUCTION COMPANY**



Principal Place of Business  
**2807 VENETIAN  
P.O. BOX 2623  
KEY WEST FL 33045**

Mailing Address  
**2807 VENETIAN  
P.O. BOX 2623  
KEY WEST FL 33045**

3. Date Incorporated or Qualified <b>04/01/1988</b>	3a. Date of Last Report <b>04/06/1995</b>
4. FEI Number <b>65-0040598</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input 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
23. Zip	28. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent

**HERNANDEZ, JOHN S.  
2807 VENETIAN DRIVE  
KEY WEST FL 33045**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, JOHN S.	
STREET ADDRESS	2807 VENETIAN DR	
CITY-ST-ZIP	KEY WEST FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BARNES, VICKY	
STREET ADDRESS	230 S.W. 71ST TER	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, JOHN F.	
STREET ADDRESS	714 NE 73RD STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. 2. NAME	
1. 3. STREET ADDRESS	
1. 4. CITY-ST-ZIP	
2. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. 2. NAME	
2. 3. STREET ADDRESS	
2. 4. CITY-ST-ZIP	
3. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. 2. NAME	
3. 3. STREET ADDRESS	
3. 4. CITY-ST-ZIP	
4. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. 2. NAME	
4. 3. STREET ADDRESS	
4. 4. CITY-ST-ZIP	
5. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. 2. NAME	
5. 3. STREET ADDRESS	
5. 4. CITY-ST-ZIP	
6. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-96

305-294-4044

CR2E034 (12/95)