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Mar 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K26876

1. Corporation Name

JON NIXON ENTERPRISES, INC.
~~ABA POINT OF VIEW FILMS~~

Principal Place of Business

Mailing Address

12215 UNIVERSITY BLVD.
SUITE 136
ORLANDO, FLORIDA 32817

3. Date Incorporated or Qualified

5/5/88

3a. Date of Last Report

1/96

2. Principal Place of Business

21 12215 UNIVERSITY BLVD

Suite, Apt. #, etc

22 SUITE 136

City & State

23 ORLANDO FL

Zip

24 32817

Country

25 U.S.A.

2a. Mailing Address

26 12215 UNIVERSITY BLVD

Suite, Apt. #, etc

27 SUITE 136

City & State

28 ORLANDO FL

Zip

29 32817

Country

30 U.S.A.

4. FEI Number

65-055908

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

JON NIXON
164 RESERVE CIR.
APT # 200.
OVIDO, FL 32765

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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, and I, with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

JON NIXON

3/3/97

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ DELETE

NAME JON NIXON
STREET ADDRESS 164 RESERVE CIR. #200
CITY, ST, ZIP OVIDO, FL 32765

TITLE SECRETARY ☐ DELETE

NAME ELIZABETH NIXON
STREET ADDRESS 164 RESERVE CIR. #200
CITY, ST, ZIP OVIDO, FL 32765

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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***165.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JON NIXON

Date

3/3/97

Daytime Phone #

407-366-6777

CR2E034 (9/96)