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FILED

Apr 09 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 # K92689

(4)

1. Corporation Name  
SUN VIEW, INC.

Principal Place of Business

1719 E 3RD AVENUE  
TAMPA FL 33605

Mailing Address

1719 E 3RD AVENUE  
TAMPA FL 33605-5107



3. Date Incorporated or Qualified

06/01/1989

3a. Date of Last Report

06/24/1996

4. FEI Number

59-2949078

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOLOMAN, LARRY  
1505 N. FLORIDA AVE.  
TAMPA FL 33601

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME PATIERNO, MICHAEL D.  
STREET ADDRESS 17121 ORANGEWOOD DR.  
CITY-ST-ZIP LUTZ FL

1.1 TITLE ☐ Change ☐ Addition

TITLE VP ☐ DELETE

NAME ELLIS, CARLYLE C.  
STREET ADDRESS 16816 WINDSOR PARK DR.  
CITY-ST-ZIP LUTZ FL 33549

2.1 TITLE ☐ Change ☐ Addition

TITLE S ☐ DELETE

NAME LOVELOCK, ALICE J  
STREET ADDRESS 3700 GARROLLWOOD RD.  
CITY-ST-ZIP TAMPA FL

3.1 TITLE ☐ Change ☐ Addition

TITLE T ☐ DELETE

NAME GEPHART, WOODROW  
STREET ADDRESS 6017 LEMON TREE CT  
CITY-ST-ZIP TAMPA FL

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/97

8/13

242-4667

CR2E034 (9/96)