

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **L76449** (2)  
1. Corporation Name  
**POINT OF VIEW PRODUCTIONS, INC.**



Principal Place of Business Mailing Address  
**P.O. BOX 162632**  
**ALTAMONTE SPRINGS FL 32716**

3. Date Incorporated or Qualified **05/29/1990** 3a. Date of Last Report **08/14/1995**  
4. FEI Number **69-3015672** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country  
24 25 29 30

9. Name and Address of Current Registered Agent

**COUZART, MELVIN (MEL)**  
**880 WESLEY CIR.**  
**APT. 212**  
**APOPKA FL 32703**

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. 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 signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PC	COUZART, MELVIN (MEL)	880 WESLEY CIR., APT. 212	APOPKA FL	<input type="checkbox"/>
VSM	COUZART, NAOMI BENJAMIN	880 WESLEY CIR., STE. 212	APOPKA FL	<input type="checkbox"/>
VD	WATTS, ALBERT JR (AL)	1741 N W 55TH TERRACE	GAINESVILLE FL	<input type="checkbox"/>
VD	WATTS, CLARENCE LORENZO	1213 NW 39TH AVE #1-1	GAINESVILLE FL	<input type="checkbox"/>
VD	WATTS, JAMES CARLTON	6100 LEVERETT	LETHONIA GA	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

**1000 MONTREAL RD. Apt. 54-A**  
**CLarkston, GA 30021**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Exp. Date