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FILED
May 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
**P.O. BOX 162632
ALTAMONTE SPRINGS FL 32716**

Mailing Address
**P.O. BOX 162632
ALTAMONTE SPRINGS FL 32716**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1990

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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

Country

28 Zip

Country

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PC** ☐ DELETE
NAME **COUZART, MELVIN (MEL)**
STREET ADDRESS **880 WESLEY CIR., APT. 212**
CITY-ST-ZIP **APOPKA FL**

TITLE **VSM** ☐ DELETE
NAME **COUZART, NAOMI BENJAMIN**
STREET ADDRESS **880 WESLEY CIR., STE. 212**
CITY-ST-ZIP **APOPKA FL**

TITLE **VD** ☐ DELETE
NAME **WATTS, ALBERT JR (AL)**
STREET ADDRESS **1741 N W 56TH TERRACE-**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **VD** ☐ DELETE
NAME **WATTS, CLARENCE LORENZO**
STREET ADDRESS **1213 NW 39TH AVE #1-1**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **VD** ☐ DELETE
NAME **WATTS, JAMES CARLTON**
STREET ADDRESS **1000 MONTREAL RD., APT. 54-A**
CITY-ST-ZIP **CLARKSTON GA**

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 **3212 SW 25th DR Apt. B**
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 **Apt 7B**
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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.

CR2E034 (10/97)