## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT** 

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF COMPORATIONS

DOCUMENT #	N95000003473	(4)
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VIEWS JOHRNAL, INC.

AICARO GOOTHANES IIAO:		
Principal Place of Business	Mailing Address	_
128 W. OCEAN DUNES	128 W. OCEAN DUNES	

VIL.	COMPLY MO										
Principal Place of Business Mailing Address				) [88](1881 \$18 (6161 8161) 881/1 881/1 981/1 881/1 881/1 881/1 881/8 81/8 81/							
128 W. OCEA DAYTONA BE	N DUNES ACH FL 32118	128 W. OCE Daytona Bi	AN DUNES EACH FL 32118								
						3. Date Incorporated 07/24/199		3a. Date	of Last R	eport	
2. Principal Pla	ce of Business	2a. Mailing Add	iress			4. FEI Number			Ar	plied For	
21		26				59-3331010	)		No.	t Applicable	_
Suite, Apt. #	, etc.	Suite, Apt.	#, etc.			5. Certificate of Statu	s Desired		\$8.75 . Fee Re	Additional equired	
City & State		City & State	9			<ol> <li>Election Campaigr</li> <li>Trust Fund Contrib</li> </ol>	_			May Be to Fees	
Zip	Country 25	Zip 29	30	Countr	У	This corporation h     Florida Statutes		ntangible tax		99.032,	
	9. Name and Address of Cur			1		10. Name and Addre	ss of New R	egistered A	gent		
				8	1 Name						
WHITE				8:	2 Street	Address (P.O. Box Number is	Vot Acceptab	le)			-
	OCEAN DUNES IA BEACH FL 32118			8	3						1
`				8	4 City			FL	<b>85</b> Zip	Code	]
or registere familiar wit	o the provisions of Sections 617.0 ed agent, or both, in the State of Fh, and accept the obligations of, Signature, typed or printed han a of registered.	Torida, Such change wa Section 617.0503, Florid	is authorized by a Statutes.	the cor	poration's	orporation submits this stateming board of directors. I hereby a complete when reinstaling?	int for the pur cept the appo	pose of char ointment as r	iging its re egistered a	gistered office igent. I am	
12.		AND DIRECTORS		13.		ADDITIONS/CHAN	IGES TO OFF	ICERS AND	DIRECTOR	RS IN 12	<u> </u>
TITLE			ELETE	1.1 TITLE		Pres & Dir			] Change	Addition	(12/95)
NAME				1.2 NAM	E-	JunetWhite	_				CR2E037
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CITY-ST-ZIP				1.4 CITY	-ST-ZIP	Dayton Beach Fl	32118				_\ <u>`</u>
TITLE			ELETE	21 TITLE		Director			] Change	Addition	ျပ
NAME				2.2 NAM	E	Lynn Von	176 250	. 1×			
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NAME					ET ADDRESS						
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NAME		<u></u>		62 NAM				_	-		
					eet address						
STREFT ADDRESS CITY-ST-ZIP					r-ST-ZIF						
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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytinie Phone #