

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000003599 (6)

1. Corporation Name  
PORTVIEW CORPORATION

Principal Place of Business

3975 NW 23RD TERRACE  
BOCA RATON FL 33431  
US

Mailing Address

3975 NW 23RD TERRACE  
BOCA RATON FL 33431-5405  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

9. Name and Address of

BOYLE, JOHN M  
3975 NW 23RD TERRACE  
BOCA RATON FL 33431

11. Pursuant to the provisions of Sections  
agent. I am familiar with, and accept it.

SIGNATURE

Signature, typed or printed name of reg

12. OFFICERS

TITLE D  
NAME BOYLE, JOHN M  
STREET ADDRESS 3975 NW 23RD TERRACE  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE PT  
NAME BOYLE, EVELYN K  
STREET ADDRESS 3975 NW 23RD TERRACE  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE VS  
NAME BOYLE, TRACY L  
STREET ADDRESS 3975 NW 23RD TERRACE  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

14. I do hereby certify that the information  
information indicated on this annual  
I am an officer or director of the corp  
appears in Block 12 or Block 13 if on

SIGNATURE:

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered  
date of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered  
obligations of, Section 607.0505, Florida Statutes.

Signature, typed or printed name of reg

(NOTE: Registered Agent signature required when reappointing)

DATE

AND DIRECTORS

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Noted with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the  
for supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that  
on or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name  
ad, or on an attachment with an address.

FILED  
Jan 29 1997 8:00am  
Secretary of State

CR2E034 (9/96)