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

**CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1998 DOCUMENT # 1. Corporation Name

P93000003599 (6)

DODTVIEW CODDODATION

PONTY	NEW CORPORATION				
Principal Plac	e of Business	Mailing Address			
3975 NW 23RD TERRACE		3975 NW 23RD TERRACE			
BOCA RATO		BOCA RATON FL 33431			
U\$		US			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 01/15/1993
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0381627 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27			Fee Hequired
City & Stat	10	City & State			6. Election Campaign Financing \$5.00 May Be
23	Country	28	Com	ntn :	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	25 Name and Address of Curren	29 29 Agent	30		Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
00		it riogistored Agent		81 Name	ID, realite and realities of flott flegistation right.
	OYLE, JOHN M 75 NW 23RD TERRACE				
	OCA RATON FL 33431			82 Street A	Address (P.O. Box Number is Not Acceptable)
ь	OUR NATUR FL 33431		ŀ	83	
				84 City	FL 85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu of Florida. Such change was	ites, the ab authorized	ove-named by the corp	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent. I a	ım <b>la</b> miliar with, and accept the obliga	ations of, Section 607.0505, F	lorida Stati	ites.	, , , , , ,
SIGNATURE	Signature, typed or printed name of registered age	(No. 3) and and a second	7f Desistered	Annat almost un	required when reinstating) DATE
12.	OFFICERS AN		13.	Agent signature	required when reinstelling)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TIT	LE	Change Addition
NAME	BOYLE, JOHN M		1.2 NA	MĒ	
STREET ADDRESS	3975 NW 23RD TERRACE			REET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431			Y-ST-ZIP	
TITLE	PT	DELETE	2.1 TIT		Change Addition
NAME	BOYLE, EVELYN K		2.2 NA	VIE	
STREET ADDRESS	3975 NW 23RD TERRACE		2.3 ST	REET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431		2. 4 Cl	ry-ST-ZIP	• · ·
TITLE	VS	☐ DELETE	3.1 TIT	<u>.</u> E	☐ Change ☐ Addition
NAME	BOYLE, TRACY L		3.2 NA	vie	
STREET ADDRESS	3975 NW 23RD TERRACE		3.3 STF	REET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33431		3.4. CI	Y-ST-ZIP	
TITLE		☐ DELETE	4.1 TIT	.E	☐ Change ☐ Addition
NAME			4. 2 NA	ME ]	
STREET ADDRESS			4.3 STI	REET ADDRESS	
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP	
TITLE		DELETE	5.1 TIT	.E	☐ Change ☐ Addition
NAME			5.2 NA	ME	
STREET ADDRESS			5.3 ST	ieet address	
CITY-ST-ZIP		——————————————————————————————————————		Y-ST-ZIP	
TITLE		☐ DELETE	61 TIT		Change Addition
NAME			6.2 NA		
STREET ADDRESS			6.3 STF	EET ADORESS	
CITY_ST_74P				V. CT. 7IP	

14. I hereby certify that the information supplied with the filing does not quality 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 autonomy with an address.

**FILED** 

Mar 17 1998 8:00am

Secretary of State