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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P95000009034 (6) DOCUMENT #

1. Corporation Name

INTERVUE CORPORATION



Principal Place of Business		Mailing Address						
3400 N OCEAN DR APT 1701 SINGER ISLAND FL 33404		3400 N OCEAN DR APT 1701 SINGER ISLAND FL 33404						
SINGER ISLAM	U PL 33404	SHOCK TOCKNOTE			3. Date incorporated or Qualified 01/30/1995	3a. Dat	e of Last Re	port
Denoinal Bloc	no of Business	2a. Mailing Address			4. FEI Number	~~	A	pplied For
Principal Place of Business		26			65-065585			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	├ ──┐		5. Certificate of Status Desired		T - · ·	Additional Required
2		Gity & State			6. Election Campaign Financing		\$5.00	May Be
City & State		28			Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Country		This corporation has liability for Florida Statutes	rintangible t s No	tax under s	199.032,
<u> </u>	9. Name and Address of Cur	29	30		10. Name and Address of New		Agent	
44175	9, Name and Address of Cur	Itelli ushistered when	81	Name				
	(, MURRAY J		82 Street A		Address (P.O. Box Number is Not Acceptable)			
3400 N OCEAN DR APT 1701 SINGER ISLAND FL 33404			В3					
U. 13211			84	City		FI	85 Zış	Code
				L	ration submits this statement for the proof of directors. Thereby accept the ap			enistered offic
SIGNATURE								
	Signature, typed or pricted have of rejistered a OFFICERS	agent and the diagnizable AND DIRECTORS	(NO™E Ragisland Age	ert signature réduire	ed where reinstating! ADDITIONS/CHANGES TO OF	DATE FICERS AN		
12.	Signature, typed or partied have of rejestered of OFFICERS	agent and the diagonal is AND DIRECTORS DELETE			ADDITIONS/CHANGES TO OF		ND DIFECTO	
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certify that the information supplied with this hing is voluntarily turnished 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 onth, 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 archiess. SIGNATURE: SIGNATURE SIGNATURE NAME OF SIGNING OFFICER OR DIRECTOR OF DIRECTOR OR DIRECTOR