## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION



FLORIDA DEPARTMENT OF STATE

Sanora B. Mortham

	1996								
DOCUN	MENT # <b>P950</b> 0	00062746 (9	<del>)</del> )						
NEW VIEW OF CENTRAL FLORIDA, INC.						1 10 Walde   110   15   10   15   11   15	H 88114 68148		1861
Principal Place	of Business	Mailing Address	Mailing Address 1422 MARGATE AVENUE ORLANDO FL 32803						1841
1422 MARGA ORLANDO FL									
						3. Date incorporated or Qualified 08/01/1995	<b>3a.</b> Dat	te of Last Report	
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number		X Applied Fo	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		<b>\$8.75</b> Addition	
22		[27]						Fee Required	
City & State		City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zi	Country	Zip	Cour	ıtry		8. This corporation has liability for			
24	25	29				Florida Statutes Yes SNo  10. Name and Address of New Registered Agent			
	9. Name and Address of Curre	ent Hegistered Agent		81	Name	10. Name and Address of New P	egistered	Agen	
RERKNE	ER, GLENN L			82		oddress (P.O. Box Number is Not Acceptate	olo)		
	ARGATE AVENUE		L		Street	Odiess (F.O Dox Hamber is Not Acceptate	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
ORLAND	OO FL 32803		83						
				84	City			85 Zip Code	
or registere familiar with	ed agent, or both, in the State of Flo h, and accept the obligations of, Se Signature, types or product native of regulated top	rida. Such change was authoriz ction 607.0505, Florida Stafutes	zed by the o s.	orpe	aration's I	rporation submits this statement for the puboard of directors. I hereby accept the app	oointment a	s registered agent. I a	am
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF		***	
TITLE	D	Devete	1 1 II			(GRUING GANGE) BERKNER, GLENN L		Change Add	ition
NAME	BERNKER, GLENN L 1422 MARGATE AVENUE		12NA		/	BERKNER, GLENN L			
STREET ADDRESS CITY-ST-ZIP	ORLANDO FL 32803		1.4 ()1		ADDRESS T-7iP	,			
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NAME			3 2 NA						
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NAME PERCEL ADDRESSE			6284		ADORESS			( \\ \10-	<b></b>
STREET ADDRESS			6331	11 C I	euroni do			J 14	

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 Statuted 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 trusted 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 attrachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR