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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000069199 (4)**

NC 3/31/97

1. Corporation Name
~~FENTON E. FROOM, M.D., P.A.~~
ViewBox, Inc.
name chg. this month March 1997.

[redacted]

Principal Place of Business	Mailing Address
~~200 SPRINGSIDE RD~~ changed ~~LONGWOOD FL 32779~~	~~200 SPRINGSIDE RD~~ changed ~~LONGWOOD FL 32779-4985~~

3. Date Incorporated or Qualified	3a. Date of Last Report
09/05/1995	06/25/1996

2. Principal Place of Business
21 3182 ZAHARIAS DR
22 Suite, Apt. #, etc.
23 City & State: Orlando, Fl.
24 Zip: 32837 25 Country: ORANGE

2a. Mailing Address
26 3182 ZAHARIAS DR
27 Suite, Apt. #, etc.
28 City & State: Orlando, Fl.
29 Zip: 32837 30 Country: ORANGE

4. FEI Number: 59-3331849 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCVAY, VICTORIA S
200 SPRINGSIDE ROAD
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name: McVay, Victoria S.
82 Street Address (P.O. Box Number is Not Acceptable): 3182 ZAHARIAS DR
83
84 City: Orlando FL 85 Zip Code: 32837

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Victoria S. McVay — 3-31-97
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT MCVAY, VICTORIA S 200 SPRINGSIDE RD LONGWOOD FL	☑ DELETE address chg.	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PT McVAY, Victoria S. 3182 ZAHARIAS DR Orlando, Fl. 32837	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FENTON, GROOM E 200 SPRINGSIDE RD LONGWOOD FL	☑ DELETE address chg.	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	S McVAY, Victoria S. 3182, ZAHARIAS DR. Orlando, Fl. 32837	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	800002135748 -04/08/97--01012--023 ***165.00	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify 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 attachment with an address.

SIGNATURE: [illegible] — 3-31-97 — 407-5269099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0072336