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Mar 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000091794 (4)

1. Corporation Name
HVIEW SOFTWARE, INC.



Principal Place of Business
360 S PINE ISLAND DR #261
PLANTATION FL 33324

Mailing Address
300 S PINE ISLAND DR #261
PLANTATION FL 33324-2020

3. Date Incorporated or Qualified 12/04/1995
3a. Date of Last Report 05/01/1996

4. FEI Number 65-0624223
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

2. Principal Place of Business
21 4101 SW 47 Ave.

Suite, Apt. #, etc.
22 Suite 101

City & State
23 Ft. Lauderdale, FL

Zip Country
24 33314-4037 25 USA

2a. Mailing Address
26 4101 SW 47 Ave.

Suite, Apt. #, etc.
27 Suite 101

City & State
28 Ft. Lauderdale, FL

Zip Country
29 33314-4037 30 USA

9. Name and Address of Current Registered Agent

WLMC-REGISTERED AGENTS, INC.
701-BRICKELL AVENUE
SUITE 2000-
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name Peter Berg
82 Street Address (P.O. Box Number is Not Acceptable) 4101 SW 47 Avenue
83 Suite 101
84 City Fort Lauderdale FL 85 Zip Code 33314

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 Peter Berg

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/27/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
V	GOUGER, LORRAINE	900 S PINE ISLAND RD., #261	PLANTATION FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
C	BERG, PETER	4101 SW 47 Ave., Suite 101	Ft. Lauderdale, FL 33314-4037	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P/D	Tessier, Yannick	4101 SW 47 Ave., Suite 101	Ft. Lauderdale, FL 33314-4037	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Mahoney, Timothy	4101 SW 17 Ave., Suite 101	Ft. Lauderdale, FL 33314-4037	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Stenbeck, Klaus	4101 SW 47 Ave., Suite 101	Ft. Lauderdale, FL 33314-4037	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Peter Berg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/97 (954) 583-5990

CR2E034 (9/96)