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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600006754

1. Corporation Name

PIVOTAL VIEW INCORPORATED

Principal Place of Business

Mailing Address

FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90051 005 ***150.00



3766 KINSLEY PLACE		3766 KINSLEY PLACE										
WINTER PAFIK FL 32792	PAFIX FL 32792 WINTER PARK FL 32792						DO NOT WRITE IN THIS SPACE					
						-	3. Date Ir	corporated	or Qualife	d		
						ŀ	01/18	1996				
2. Principal Place of Business		2a. Mailing Address					4. FEI Nur				App	lied For
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Suite Apt. # etc.	Suite Apt. #.egc. 27 30 6				5. Certifca	te of Status	Desired		\$8.75 A	cuired		
City & S ate PLANTANUM	28 PLANTATION FL						ind Contrib	ution		\$5.00 Added to	• 1	
24 333324 25 L	ŠA_	29 33324	30 Cou	<u>اللاد</u>	A			i Property	Тах.		Yes	[]No
9. Name and Add e	ess of Current F	Registered Agent				1	10. Name a	nd Addres	s of New	Register	ed Agent	
HUDIN IACKIE I				81 N	lame							
HERIN, JACKIE I 3766 KINSLEY PLACE			82 S	et Ad	dress	(P.O. Box	Number is	Not Age	otable)	#-20	2	
WINTER PARK FL 32792				<u>au:</u>	2		ARY	BL	<u>VD</u>	A+ 50		
WINTER PARK PL 32/92			83				,				}	
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44 5	U		- the o			12L	tion submits	thic states	nent for th	ne numose	of changing its	ragistered
11. Pursuant to the provisions of Sec office or registered agent, or both agent. I am familiar with, and acq	tions 607,0502 a	and 607.1508, Florida Statu 6 Florida. Such change was at	es, the ar athorized	by the	corpora	etion's	board of ci	rectors. I h	ereby acc	ept the ap	pointment as reg	stered
agent. I am familiar with, and acq	pt the obligation	ns of, Section 607.0505, Flor	ida Statı	ites.						4 3	23-99	
SIGNATURE		Thus described (NOT)	Constant	Accest nice	not ro roo	and wh	en reinstating)			DATE	3-91-1	
	e of registered egent 1 DFFICERS AND		13.	Agent sig	matore requ	0 100 111		NS/CHANC	SES TO C	FFICERS	AND DIRECTO	F S IN 12
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NAME			62 N	ME								
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OTTAL TO BUILT OF					- 1							1

14. 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 indicate i 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 of trustle 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR FRATED NAME OF SIGNING OFFICER OR DIRECTOR