SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9600041308 (3)

APPROVED AND FILED

1997 OCT -6 PM 1: 30

SECRETARY OF STATE TALLAHASSEE, FLORIDA

WORLDVIEW FUNDING CORPOR/	ATION			
Principal Place of Business	Mailing Address			ITANT STAND TENIS ON ON THE SEME
28392 SOMBRERO DRIVE	28392 SOMBRERO DI			
BONITA SPRINGS FL 33923	BONITA SPRINGS FL	33923	DO NOT WRITE IN THI	S SPACE
				Date of Last Report
			05/08/1996	' '
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-067/283	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27			Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
24 25	29	30	8. This corporation owes or has paid the of Personal Property Tax due June 30.	Yes No
9, Name and Address of Curre		130	10. Name and Address of New Registere	
SLAVEN, WILLIAM A	·····	81 Name		
28392 SOMBRERO DRIVE		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
BONITA SPRINGS FL 33923		oz Street Attor	ress (F.O. box (vumber is Not Acceptable)	·
		83		
		84 City		■ 85 Zip Code
•		[],	F	
11. Pursuant to the provisions of Sections 607.05	02 and 607,1508, Florida Sta	atutes, the above-named corp	poration submits this statement for the purpose	of changing its registered
Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am fand far with and accept the oblig SIGNATURE	1/10-	Tresident	0/20	ppoinment as registered
SIGNATURE STATE TO BE PRINTED THE STATE OF T	and title if applicable.	NOTE: Hogistered Agent signature reguln	red when reinstaling) DATE	797
SIGNATURE OFFICERS AN	of and tille it applicable. ((NCIT: Registered Agent signature require 13.	red when reinstating) ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTORS IN 12
12. OFFICERS AF	ND DIRECTORS DELETE	(NOTE: Rogistered Agent signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTORS IN 12
12. OFFICERS AF	ND DIRECTORS DELETE	(NO1E: Hogistered Agent signature requir 13. 1.1 TITLE 1.2 NAME	red when reinstating) ADDITIONS/CHANGES TO OFFICERS AI 400002318 -10/10/971	ND DIRECTORS IN 12 Change Addition Ad
SIGNATURE 12. OFFICERS AF TITLE NAME STREET ADDRESS 2. 2. 2. 2. 2. 3. 4. 3. 3.	AND DIRECTORS DELETE LAVEN 2500 P4	(NOTE: Registered Agent signature regula 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	red when reinstating) ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTORS IN 12
SIGNATURE 12. OFFICERS AN TITLE NAME STREET ADDRESS CITY-SI-ZIP BONTA JORINA	AND DIRECTORS DELETE LAVEN 2500 P4	(NOTE: Registered Agent signature regula 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	red when reinstating) ADDITIONS/CHANGES TO OFFICERS AI 400002318 -10/10/971	ND DIRECTORS IN 12 Change Addition Ad
SIGNATURE 12. OFFICERS AN TITLE NAME STREET ADDRESS CITY-ST-ZIP THLE DIRECT-REST ADDRESS THE DIRECT-REST ADDRESS	AD DIRECTORS DELETE LAVEN S. F. 3413 DELETE	(NOTE: Hogistered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CRY-ST-ZIP	red when reinstating) ADDITIONS/CHANGES TO OFFICERS AI 400002318 -10/10/971	ND DIRECTORS IN 12 I Change
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SIGNATURE 12. OFFICERS AF 1IILE NAME STREET ADDRESS CITY-SI-ZIP DIRECT-R DIRECT-R STREET ADDRESS 28392 SOM BR	AT LAVEN	(NOTE: Registered Agent signature required 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CPTY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	red when reinstating) ADDITIONS/CHANGES TO OFFICERS AI 400002318 -10/10/971	ND DIRECTORS IN 12 I Change
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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 eath; that I am an officer or director of the corporation or the receiver or trustee or flower of the execute this report as required by manter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed, or on an attachment with a reduces.

CICMATUDE:

12/00 941-947-142